



Help Is Available to Reduce
Prescription Costs for Eligible
Commercially Insured Patients
Taking XTANDI Tablets*



**ELIGIBLE PATIENTS
MAY PAY AS LITTLE AS \$0**

PATIENTS WITH QUESTIONS, PLEASE CALL 1-855-217-8311

Eligibility restrictions, terms and conditions apply.

*By enrolling in the XTANDI Patient Savings Program ("Program"), the patient acknowledges that they currently meet the eligibility criteria and will comply with the following terms and conditions: The Program is for eligible patients with commercial prescription insurance coverage for XTANDI® (enzalutamide) and is good for use only with a valid prescription for the XTANDI tablet formulation. **The Program is not valid for patients whose prescription claims are reimbursed, in whole or in part, by any state or federal government program, including, but not limited to, Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program.** Patients who move from commercial insurance to federal or state health insurance will no longer be eligible, and agree to notify the Program of any such change. Patients agree not to seek reimbursement from any health insurance or third party for all or any part of the benefit received by the patient through the Program. This offer is not conditioned on any past, present, or future purchase of XTANDI. This offer is not transferrable and cannot be combined with any other offer, free trial, prescription savings card, or discount. The full value of the Program benefits is intended to pass entirely to the eligible patient. **This offer is not health insurance** and is only valid for patients in the 50 United States, Washington DC, Puerto Rico, Guam and Virgin Islands. This offer is not valid for cash paying patients. This Program is void where prohibited by law. No membership fees. It is illegal to sell, purchase, trade, counterfeit, duplicate, or reproduce, or offer to sell, purchase, trade, counterfeit, duplicate or reproduce the card. This offer will be accepted only at participating pharmacies. Certain rules and restrictions apply. Astellas reserves the right to revoke, rescind, or amend this offer without notice.

The Program has a maximum copay assistance limit of \$7,000 per calendar year. After the annual maximum on copay assistance is reached, patient will be responsible for the remaining out-of-pocket costs for XTANDI. Astellas may reduce or discontinue the copay assistance available under the Program if it determines an enrolled patient is subject to a program offered by a third-party payer or pharmacy benefit manager, or an agent of either, that adjusts patients' out-of-pocket cost-sharing obligations based on the copay assistance provided by this Program, or excludes the copay assistance provided under this Program from counting towards an enrolled patient's out-of-pocket cost-sharing obligations ("maximizer" or "accumulator" program). The Program uses advanced logic to identify whether a claim for an enrolled patient is subject to a "maximizer" or "accumulator" program. Unless prohibited by law, Astellas may reduce the cost-sharing assistance available under the Program to a per claim maximum of \$25 if it determines a claim for an enrolled patient is subject to a "maximizer" or "accumulator" program.

The XTANDI Patient Savings Program* Is for Eligible Patients who Have Commercial Prescription Insurance

With the Patient Savings Program:

- You may pay as little as \$0 per prescription
- You are enrolled in the Program for a 12-month period
- You have a maximum copay assistance limit of up to \$7000 per calendar year[†]
- There are no income requirements



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XTANDI Patient Savings Program Eligibility Criteria

You may be eligible for the XTANDI Patient Savings Program if you have commercial prescription insurance through an employer or insurance carrier, such as a PPO, HMO, or COBRA (Additional eligibility criteria apply).

Once your eligibility has been confirmed, you will receive a mailed letter and an email (if provided during enrollment) that contains all the XTANDI Patient Savings Program information you will need.

Concerns about out-of-pocket costs should not prevent you from starting or staying on the treatment your healthcare provider prescribes through your commercial insurance.






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How to Enroll in the Program

You can fully enroll in the XTANDI Patient Savings Program yourself. Your healthcare provider or the specialty pharmacy can also help you.

-  Go to [XTANDIcopayenroll.com](https://xtandicopayenroll.com) and enter your information
-  Select "Patient," since you are filling out the information
-  Answer questions to confirm your eligibility, including your insurance status and place of residence
-  Your program information is provided when enrollment is completed. You can print this out and provide this information to your specialty pharmacy or to your healthcare provider to provide to the specialty pharmacy.
-  You will also receive **a mailed letter and an email (if provided during enrollment)** with all of the Program information that you will need



Your XTANDI prescription will be filled by a specialty pharmacy

Most patients will receive their medication by mail once shipment has been confirmed with the specialty pharmacy. Some doctors' offices have self-dispensing pharmacies and may fulfill your prescription onsite.

When your specialty pharmacy calls you, you will need to provide them with important details from the **a mailed letter or an email (if provided during enrollment)** you received, including your specific XTANDI Patient Savings Program information.

Frequently Asked Questions

Q: Can I sign up for the XTANDI Patient Savings Program if I have no insurance or if I have Medicare?

A: No. Only patients with commercial prescription insurance that covers their XTANDI® (enzalutamide) tablet prescription are eligible for the Program. Patients not eligible for the XTANDI Patient Savings Program may contact XTANDI Support Solutions® at **1-855-898-2634** to explore other types of assistance that may be available.

Q: What do I need to sign up?

A: You need commercial prescription insurance and cannot have your prescription claims paid for, in whole or in part, by any state or federal government program, including, but not limited to, Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program. If you do not have an email address, please contact us at **1-855-217-8311**, Monday through Friday, 8:00 AM to 10:00 PM ET for assistance.

Q: What should I expect after I enroll?

A: You will receive a mailed letter and an email (if provided during enrollment) with your copay program processing information. **If you plan to enroll on your own, you will need to provide a copy of your copay processing information to your pharmacy or your healthcare provider to give to your pharmacy.**

Q: I am currently taking XTANDI capsules; am I eligible to participate in the copay program?

A: If you are currently taking XTANDI capsules and you were enrolled in the copay program prior to November 4, 2024, you will be allowed to continue in the program until your annual maximum copay assistance limit is reached. The XTANDI copay card is not available for the XTANDI capsule formulation through online enrollment or re-enrollment after November 4, 2024. If you received a XTANDI copay card through online enrollment or re-enrollment after November 4, 2024, it will not work at the pharmacy.

Contact Us

If you have questions about the XTANDI Patient Savings Program or need assistance enrolling, please call us.



1-855-217-8311

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