

To: xxxxxxxx@xxx.xxx

From: xxx@learn.pharmacyclics.com

Subject line option 1: YOU&i™ is enhancing support for your patients on IMBRUVICA®

Subject line option 2: Learn about the YOU&i™ Support Program for your patients

Subject line option 3: Support options your patients on IMBRUVICA® may find helpful

Subject line option 4: Would you like to learn more about support options for your patients on IMBRUVICA®?

Subject line option 5: Support options for your patients on IMBRUVICA®

From: xxx@learn.pharmacyclics.com

To: xxxxxxxx@xxx.xxx

Subject: {{customText[options]}}

YOU&i_HQ email

imbruvica[®]
(ibrutinib) 140mg capsules

Enroll your patients now

YOU&i™ Support Program Enhancing patient support

Dear {{Healthcare Professional}},

The YOU&i™ Support Program provides support services for patients who are considering or receiving IMBRUVICA®. The YOU&i™ Support Program provides assistance for your patients along their treatment journey, so please remember to let your patients know about the benefits the program provides.*

The YOU&i™ Support Program:

- Helps patients learn about **access** to IMBRUVICA®
- Helps patients find **affordability** support options
- Offers patients **nurse call support** to answer questions about IMBRUVICA®
 - Refers any patient with medical concerns back to you
 - Provides a resource-filled **Patient Starter Kit** for your new patients
 - Please **contact** your Pharmacyclics or Janssen representative to obtain Patient Starter Kits

Nurse call support center answers patients' questions about IMBRUVICA®

"It is very valuable to be able to speak with individuals who thoroughly understand ibrutinib and its use for my disease."

— YOU&i™ patient^{†*}

Let your patients know about YOU&i™ and enroll them by calling 1-877-877-3536, M-F 8AM-8PM ET, or at youandisupport.com.

*The YOU&i™ Support Program is not intended to provide medical advice, replace prescribed treatment plans, or provide treatment or case management services. Patients are advised to always talk to their healthcare provider and treatment team about any medical decisions and concerns they may have.

ACCESS AND AFFORDABILITY SUPPORT OPTIONS

For patients with commercial insurance

YOU&i™ INSTANT SAVINGS PROGRAM
Your commercially insured patients pay no more than

\$10 per month[†]

[†]Month refers to a 30-day supply subject to maximum benefit based on 12 monthly fills. Eligible patients may qualify for instant savings on their commercial insurance co-pay, deductible, and

YOU&i™ INSTANT SAVINGS PROGRAM

Your commercially insured patients pay no more than

\$10 per month*

*Month refers to a 30-day supply subject to maximum benefit based on 12 monthly fills. Eligible patients may qualify for instant savings on their commercial insurance co-pay, deductible, and coinsurance medication costs for IMBRUVICA®. This program cannot be used with any other federally-funded prescription insurance plan which includes Medicare Part D, Medicare Advantage Plan, Medicaid, TRICARE, or any other federal or state healthcare plan, including pharmaceutical assistance programs.

LEARN MORE ABOUT ACCESS AND AFFORDABILITY SUPPORT OPTIONS

Please visit YOU&i™ at IMBRUVICAHCP.com.

Thank you for informing your patients about the potential benefits of the YOU&i™ Support Program.

This is an automated message from IMBRUVICA®. Please do not reply to this message. For further assistance, please choose one of the following options:

To remove your name from the e-mail list for IMBRUVICA®, please [click here](#) to unsubscribe.

For more information, visit us at IMBRUVICAHCP.com or [click here](#) to read the full Prescribing Information.

Please read our privacy policy. For any questions about Pharmacyclics LLC privacy policy, please visit www.pharmacyclics.com and click on the privacy policy link.

DOWNLOAD PATIENT ENROLLMENT FORM NOW

Reference: 1. Data on file. Pharmacyclics LLC.



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