Retail Pharmacy

Ready for some **good** financial news for patients?

HUMIRA PROTECTION PLAN

Employed, unemployed or retired, we help patients access HUMIRA

Patients can call 1.888.HUMIRA4

Please see Important Safety Information, including BOXED WARNING on Risk of Serious Infections, on the last page.

Please click here for full Prescribing Information for HUMIRA.

HUMIRA®
adalimumab

Abbott
A Promise for Life

HUMIRA® (adalimumab) PROTECTION PLAN . . .

Insured or uninsured… Employed, unemployed or retired...
New patient or current patient…

Have patients call **1.888.HUMIRA4** to join.

IF A PATIENT IS	WHAT?	HOW?
Unemployed and Uninsured	Patients may be able to get HUMIRA **at no cost** through the Abbott Patient Assistance Foundation	Call **1.888.HUMIRA4 (1.888.486.4724)**
On Medicare Part D	Patients may be able to get help from an independent co-pay foundation	Call **1.888.HUMIRA4 (1.888.486.4724)**
Employed with Rx Insurance	Patients can reduce their co-pay to **$5** a month by enrolling (see next page)*	Call **1.888.HUMIRA4 (1.888.486.4724)**
Unsure of Their Status	Call **1.888.HUMIRA4 (1.888.486.4724)**	

*This co-pay assistance program is not valid for prescriptions reimbursed under Medicare, Medicaid, or similar federal or state programs or private insurance in the Commonwealth of Massachusetts. Monthly co-pay assistance amounts are subject to predetermined limits.

HUMIRA INDICATIONS

HUMIRA is indicated for reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage and improving physical function in adult patients with moderately to severely active rheumatoid arthritis. **HUMIRA** is indicated for reducing signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis in patients 4 years of age and older. **HUMIRA** is indicated for reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function in adult patients with psoriatic arthritis. **HUMIRA** is indicated for reducing signs and symptoms in adult patients with active ankylosing spondylitis. **HUMIRA** is indicated for reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active Crohn's disease who have had an inadequate response to conventional therapy, and reducing signs and symptoms and inducing clinical remission in these patients if they have also lost response to or are intolerant to infliximab. **HUMIRA** is indicated for the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate. HUMIRA should only be administered to patients who will be closely monitored and have regular follow-up visits with a physician.

Please see additional Important Safety Information, including BOXED WARNING on Risk of Serious Infections, on the last page.

Please click here for full Prescribing Information for HUMIRA.

Helping Patients Access HUMIRA® (adalimumab)

The HUMIRA Protection Plan offers a co-pay card to help provide financial assistance to patients to fill their HUMIRA prescriptions at a reduced out-of-pocket cost.

Eligible patients with insurance receive the following co-pay card benefits†:

HUMIRA (OR HUMIRA PLUS ONE ADDITIONAL QUALIFYING MEDICATION‡) PRESCRIBED BY A RHEUMATOLOGIST

Patient Pays: $5/month for HUMIRA (or $5/month for HUMIRA plus one additional qualifying medication‡)

Program Pays: Months 1-12: Up to $500/month for HUMIRA (or $525/month for HUMIRA plus one other qualifying medication‡. The maximum benefit for the qualifying medication is $25)

‡Additional qualifying medication can be one of the following: methotrexate, leflunomide (Arava®), or hydroxychloroquine (Plaquenil®).

Patients are responsible for costs exceeding $500/month for HUMIRA and costs exceeding $25/month for the qualifying medication‡)

Pharmacy: Please process HUMIRA and any accompanying medication separately. If you have questions, call OPUS Health at **1.800.364.4767**.

HUMIRA PRESCRIBED BY A DERMATOLOGIST

Patient Pays: $5/month for HUMIRA

Program Pays: Month 1 Up to $750

Program Pays: Months 2-12 Up to $500/month

Patients are responsible for prescription costs exceeding $750 in month 1 or $500 in months 2-12.

HUMIRA PRESCRIBED BY A GASTROENTEROLOGIST

Patient Pays: $5/month for HUMIRA

Program Pays: Month 1 Up to $1,000

Program Pays: Months 2-12 Up to $500/month

Patients are responsible for prescription costs exceeding $1,000 in month 1 or $500 in months 2-12.

†See back of co-pay card for restrictions.

SAFETY INFORMATION

Patients treated with HUMIRA are at increased risk for developing serious infections that may lead to hospitalization or death. These infections include active tuberculosis (TB), reactivation of latent TB, invasive fungal infections, and bacterial, viral and other infections due to opportunistic pathogens. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids. Patients treated with HUMIRA also may be at risk for other serious adverse reactions including malignancies, anaphylaxis, hepatitis B virus reactivation, demyelinating disease, cytopenias, pancytopenia, heart failure, and lupus-like syndrome.

Please see additional Important Safety Information, including BOXED WARNING on Risk of Serious Infections, on the last page.

Please click here for full Prescribing Information for HUMIRA.

IMPORTANT SAFETY INFORMATION[1]

Patients treated with HUMIRA are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids. HUMIRA should be discontinued if a patient develops a serious infection or sepsis. Reported infections include:

- **Active tuberculosis (TB), including reactivation of latent TB. Patients with TB have frequently presented with disseminated or extrapulmonary disease. Patients should be tested for latent TB before HUMIRA use and during therapy. Treatment for latent infection should be initiated prior to HUMIRA use.**
- **Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized, disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Empiric anti-fungal therapy should be considered in patients at risk for invasive fungal infections who develop severe systemic illness.**
- **Bacterial, viral and other infections due to opportunistic pathogens.**

The risks and benefits of treatment with HUMIRA should be carefully considered prior to initiating therapy in patients with chronic or recurrent infection. Patients should be closely monitored for the development of signs and symptoms of infection during and after treatment with HUMIRA, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy.

Serious and sometimes fatal infections have been reported with the use of TNF-blocking agents. Do not start HUMIRA in patients with an active infection, including localized infections. Exercise caution in patients with chronic or recurrent infection or with underlying conditions which may predispose them to infection, patients who have been exposed to TB, or patients who have resided or traveled in regions where TB or mycoses, such as histoplasmosis, coccidioidomycosis, or blastomycosis, are endemic. Treatment of latent TB infection prior to therapy with TNF-blocking agents has been shown to reduce the risk of TB reactivation during therapy. When TB skin testing is performed, an induration size of 5mm or greater should be considered positive, even if vaccinated previously with Bacille Calmette-Guerin (BCG). HUMIRA should be discontinued if a patient develops a serious infection or sepsis. Patients who develop a new infection should undergo a prompt and complete diagnostic workup and appropriate antimicrobial therapy should be initiated.

More cases of malignancies have been observed among patients receiving TNF blockers, including HUMIRA, compared to control patients in clinical trials. These malignancies, other than lymphoma and non-melanoma skin cancer, were similar in type and number to what would be expected in the general population. In the controlled and open-label portions of HUMIRA clinical trials, there was an approximately 3-fold higher rate of lymphoma than expected in the general population. The potential role of TNF-blocking therapy in the development of malignancies is not known.

Anaphylaxis and angioneurotic edema have been reported rarely following HUMIRA administration. Use of TNF blockers, including HUMIRA, may increase the risk of reactivation of hepatitis B (HBV) in patients who are chronic carriers. Some cases have been fatal. Patients at risk for HBV infection should be evaluated for prior evidence of HBV infection before initiating TNF blocker therapy. For patients identified as carriers of HBV, exercise caution when prescribing HUMIRA, with careful evaluation and monitoring prior to and during treatment. HUMIRA should be stopped and antiviral therapy should be initiated in patients who develop hepatitis B reactivation. TNF-blocking agents, including HUMIRA, have been associated in rare cases with new onset or exacerbation of demyelinating disease. Exercise caution when considering HUMIRA for patients with these disorders.

Rare reports of pancytopenia including aplastic anemia have been reported with TNF-blocking agents. Medically significant cytopenia (e.g. thrombocytopenia, leukopenia) has been infrequently reported with HUMIRA. The causal relationship of these reports to HUMIRA remains unclear. Worsening congestive heart failure (CHF) has been observed with TNF-blocking agents, including HUMIRA, and new onset CHF has been reported with TNF-blocking agents. Treatment with HUMIRA may result in the formation of autoantibodies and, rarely, in development of a lupus-like syndrome. Discontinue treatment if symptoms of lupus-like syndrome develop. Patients on HUMIRA should not receive live vaccines. It is recommended that juvenile idiopathic arthritis patients, if possible, be brought up to date with all immunizations in agreement with current immunization guidelines prior to initiating HUMIRA therapy. Serious infections were seen in studies with concurrent use of anakinra and another TNF-blocking agent, therefore, the combination of HUMIRA and anakinra is not recommended.

In the placebo-controlled clinical studies of adult patients with rheumatoid arthritis the most frequent adverse reactions vs placebo were injection site reactions (20% vs 14%), upper respiratory infection (17% vs 13%), injection site pain (12% vs 12%), headache (12% vs 8%), rash (12% vs 6%), and sinusitis (11% vs 9%). Discontinuations due to adverse events were 7% for HUMIRA vs 4% for placebo.

In HUMIRA clinical trials for ankylosing spondylitis, psoriatic arthritis, Crohn's disease, and plaque psoriasis, the safety profile for patients treated with HUMIRA was similar to the safety profile seen in patients with rheumatoid arthritis. In the placebo-controlled clinical trials in plaque psoriasis, the incidence of arthralgia was 3% in HUMIRA-treated patients versus 1% in controls.

In general, the adverse reactions in juvenile idiopathic arthritis (JIA) patients were similar in frequency and type to those seen in adult patients. Severe adverse reactions reported in the clinical trial in JIA included neutropenia, streptococcal pharyngitis, increased aminotransferases, herpes zoster, myositis, metrorrhagia, and appendicitis. Serious infections were observed in 4% of patients within approximately 2 years of initiation of treatment with HUMIRA and included cases of herpes simplex, pneumonia, urinary tract infection, pharyngitis, and herpes zoster. The safety of HUMIRA in pediatric patients for uses other than JIA has not been established.

HUMIRA®
adalimumab

Reference: 1. HUMIRA Injection [package insert]. North Chicago, IL: Abbott Laboratories.

Abbott
A Promise for Life

Please click here for full Prescribing Information for HUMIRA.