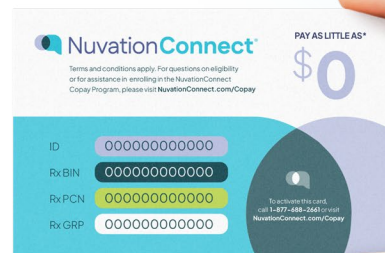




IBTROZI™ (taletrectinib) Copay Assistance Program

Patients with commercial insurance may **pay as little as \$0 per month for IBTROZI**



Terms and Conditions

- ✓ Monthly and/or annual maximum limits may apply
- ✓ The Copay Assistance Program is not valid for beneficiaries of Medicare, Medicaid, VA/DoD (TRICARE) programs, the Indian Health Service or other federal or state healthcare programs, even if patient pays for prescription in cash or if the patient chooses not to use their insurance coverage
- ✓ Available to both new and existing patients
- ✓ No income requirement
- ✓ The Copay Assistance Program requires a valid prescription for IBTROZI
- ✓ Available to residents of the United States and its territories
- ✓ Other terms and conditions apply

Contact a Nurse Case Manager at NuvationConnect™ for one-on-one support

1-877-NUV-CON1 (1-877-688-2661)
Monday-Friday, 8 AM-8 PM EST

Visit us at
NuvationConnect.com/Copay



Nuvation Bio®

IBTROZI, NuvationConnect, Nuvation Bio, and the Nuvation Bio logo are trademarks of Nuvation Bio Inc.
©2025 Nuvation Bio Inc. All rights reserved. MAT-IBT-0055 06/2025