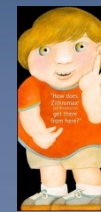
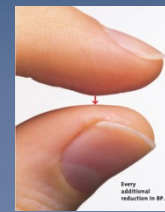
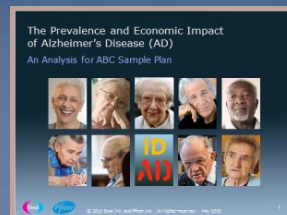




Access communications require not just the “blocking and tackling”, but creative messaging for every stakeholder





## Reaching every stakeholder is critical to a successful access strategy

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Payer

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Value messaging /  
resources for  
account mgt team



Field teams

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Feedback /  
access training



Provider

---

Access



Office staff

---

PA + appeals support /  
ease of initiation /  
reimbursement



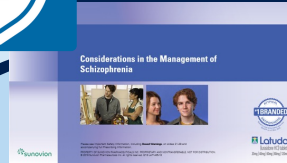
Patient/Caregiver

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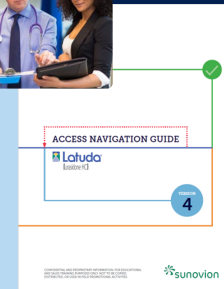
Patient support / care  
management resources



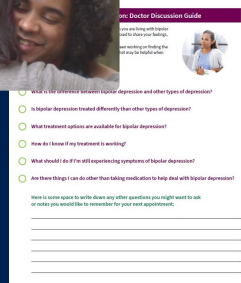
Payer



Field teams

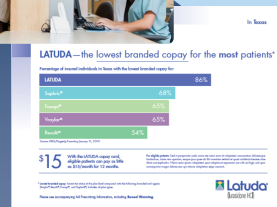


Patient



Reaching every stakeholder

Office staff



Provider





Access: account manager support

We work hand-in-hand with account management teams to deliver compelling market shaping and branded materials

**GILENYA® (fingolimod):  
Payer Perspectives**

Please see accompanying full Prescribing Information.

### Considerations in the Management of Schizophrenia

Please see Important Safety Information, including **Boxed Warnings**, on slides 21-28 and accompanying full Prescribing Information.

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20mg | 40mg | 60mg | 80mg | 120mg

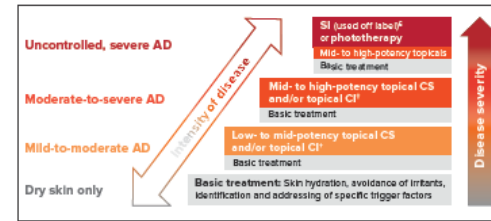


# Payer programs based on strong relationships with HEOR

## Atopic Dermatitis Overview of Treatment Guidelines and Patterns of Medication Use



### Guidelines\* have historically recommended a step therapy approach to treatment of atopic dermatitis (AD)<sup>1-5</sup>



1. Aklonis CA et al. PRACTALL Consensus Report Allergy. 2006. 2. Eichenfield LF et al. J Am Acad Dermatol. 2004;50(2):338-351. 3. Eichenfield LF et al. J Am Acad Dermatol. 2004;50(1):16-22. 4. Seldin R et al. J Am Acad Dermatol. 2004;50(2):373-384. 5. Ring J et al. J Eur Acad Dermatol Venereol. 2012;26(8):1045-1050. (Image modified from Aklonis CA et al.)

- Patients with AD may respond to good skin care and standard therapy with topical corticosteroids and calcineurin inhibitors<sup>1,7</sup>
- Moderate-to-severe patients may not be responsive to step therapies, including off-label use of systemic agents<sup>1,7</sup>

SI = oral systemic immunosuppressants  
CI = calcineurin inhibitors  
CS = corticosteroids  
PT = phototherapy  
\*Includes PRACTALL consensus report, the American Academy of Dermatology (AAD), and the American Society of Allergy, Asthma, and Immunology (ASAI).  
†For the age of 2 years.

### Patients with moderate-to-severe disease with persistent symptoms have limited options<sup>2,4,8-9</sup>

<b>Topical therapies</b>	Long-term, continued use is limited by safety risks and patient concerns <sup>8</sup>
<b>Systemic immunosuppressants</b>	These agents may help resolve symptoms, but patients face the risk of potentially serious adverse effects <sup>8,9</sup>

The chronic, inflammatory nature of AD<sup>2</sup> and substantial burden of disease in patients with moderate-to-severe disease<sup>9</sup> highlight the need for new therapies.

### Real world evidence shows rare use of systemic immunosuppressants to treat AD<sup>10</sup>

In a retrospective analysis of national claims data, adults with AD were treated with the following medications (N=75,860):	n	%
Systemic immunosuppressants (SI) or phototherapy (PT) (regardless of other medications)	1616	2.1%*
Any systemic corticosteroid (CS) without SI or PT	26,381	34.8%
Any topical CS <sup>†</sup> without SI, PT, or systemic CS	28,198	37.2%
Any topical calcineurin inhibitor (CI) <sup>†</sup> without SI, PT, or systemic CS	1963	2.6%
No topical corticosteroid or topical calcineurin inhibitor (ie, no prescription medication for AD)	19,013	25.1%

\*Includes % of members who received SI and no PT (regardless of other medications); % who received PT and no SI (regardless of other medications); and 0.1% who received both PT and SI.  
†Patients in the topical CS and topical CI categories are not mutually exclusive. A patient could be counted in both categories.

Study description: Medication use among adult patients with atopic dermatitis (AD) was estimated in a retrospective analysis of claims data from January 1, 2010, through September 30, 2015 (more than 27 million lives). AD patients were identified by ICD-9 code 691.8. The first AD diagnosis in the identification period was considered the index event, and its date the index date.

Exclusion criteria: During the 6-month pre-index period, patients were excluded for the following conditions because immunosuppressants and systemic steroids are commonly used for these conditions: rheumatoid arthritis, psoriatic arthritis, psoriasis, Crohn's disease, ulcerative colitis, ankylosing spondylitis, lupus, and organ transplant.

Endpoints: In the 12-month follow-up period, the proportion of patients who used phototherapy, immunosuppressants (azathioprine, cyclosporine, methotrexate, mycophenolate mofetil), systemic steroids, topical steroids, topical calcineurin inhibitors, and no treatment.<sup>10</sup>



## Access: pull-thru resources

# Pull-through programs designed for each stage in the product lifecycle

**Early stage:** Education and formulary wins

**Prior authorization criteria in selected commercial plans in Florida**

<b>CVS Health*</b>	Available without restriction	For non-Medicare information, contact CVS Health Plan Administration Department at: Phone: 1-800-256-0378 Fax: 1-800-628-0750
<b>Express Scripts*</b>	Available without restriction	Express Scripts can be reached at: Phone: 1-800-252-2855 Fax: 1-877-389-3366
<b>Aetna**</b>	Available without restriction	

**Humana\*\***

GAENYA may be considered medically necessary when the following criteria are met:

- The member has a diagnosis consistent with the indication for GAENYA.

**Blue Cross and Blue Shield of Louisiana**

**COSENTYX is on formulary**

- Prior authorization confirming that diagnosis and use are consistent with FDA-approved label.
- Requires prior use of Humira\*

To download the prior authorization form, go to: [www.cosentyx.com/Pages/PhysicianPriorAuthorization.aspx](http://www.cosentyx.com/Pages/PhysicianPriorAuthorization.aspx)  
Fax PA form to: 1-877-837-5922  
Phone: 1-800-642-2055

**\$0 co-pay**

COSENTYX has a \$0 Rx co-pay program with coverage up to \$15,000 per year for eligible patients in commercial plans\*

**NOVARTIS**  
PHARMACEUTICALS

**Mid stage:** Ease of access

**CALIFORNIA**

**Guaranteed access for commercially insured patients**

**77% of commercial lives nationally have access to COSENTYX as a 1st- and 2nd-line biologic!**

KEY COMMERCIAL PAYERS IN CALIFORNIA	COSENTYX
Anthem	First-line biologic
Blue Shield of California	First-line biologic
Cigna	First-line biologic
Express Scripts	First-line biologic
Federal Employee Plan (FEP)	First-line biologic
Health Net	First-line biologic
Navitus Health Solutions	First-line biologic
Humana	First-line biologic
UnitedHealthcare	Second-line biologic (single biologic failure)

If coverage is denied, free COSENTYX provided with Covered Until You're Covered for eligible commercial patients\*

**\$0 co-pay for your eligible commercial patients\***

**NOVARTIS**  
PHARMACEUTICALS

**Later stage:** Promote advantaged access

**In Texas**

**LATUDA has the fewest PAs and step edits\***

**91% of patients are covered without a PA\* for LATUDA**

PA/STEP EDIT	LATUDA	Vraylar®	Farlap®	Farepp®	Saphris®
Covered without a PA*	91%	59%	61%	63%	85%

**Fewer PAs may mean less hassle for you and fewer patients onto therapy**

**In State or MSA**

**LATUDA—the lowest branded copay for the most patients\***

Percentage of insured individuals in State or MSA with the lowest branded copay for:

Brand	Copay
LATUDA	XX%
Saphris®	XXX%
Farepp®	XXX%
Vraylar®	XXX%
Reactiv®	XXX%

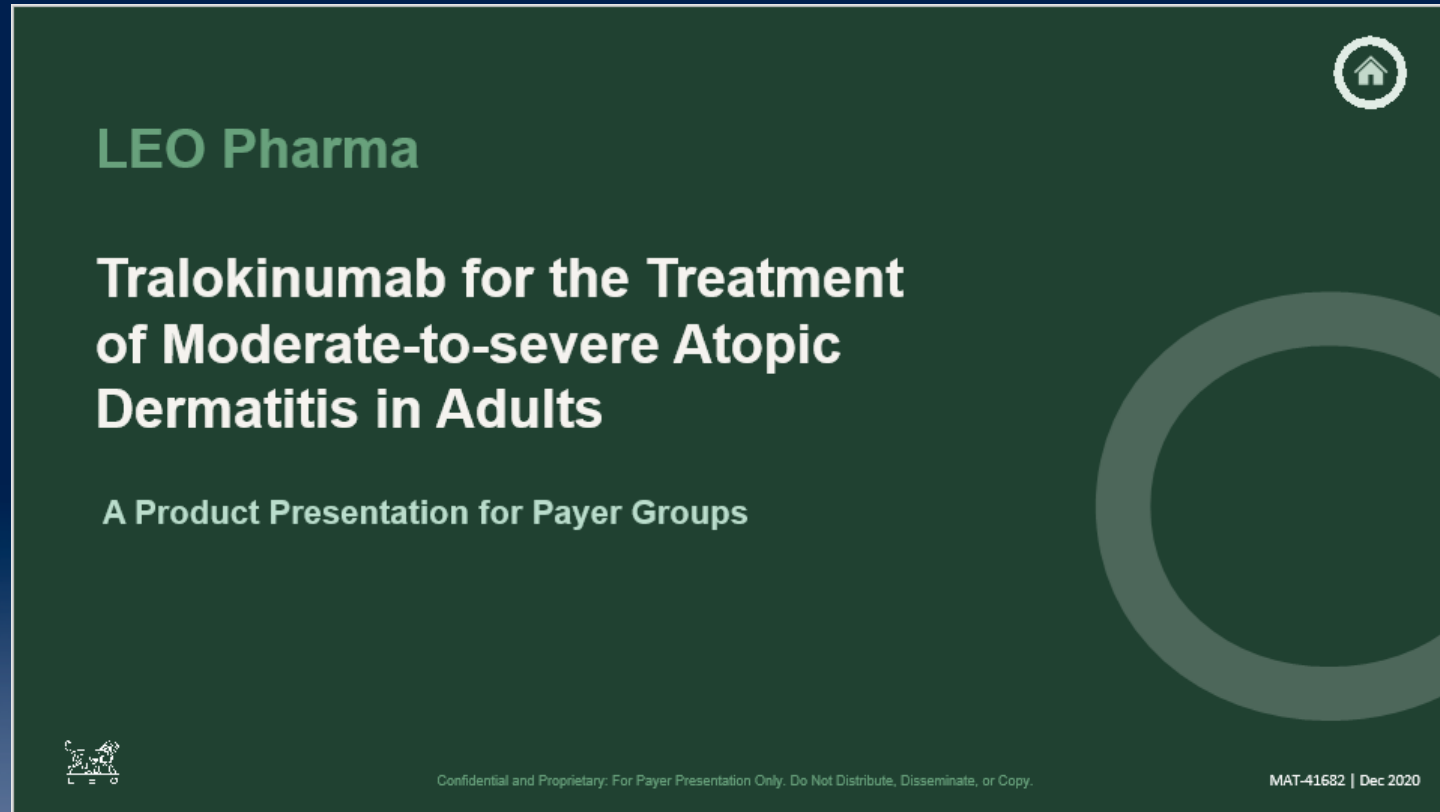
**Ask your representative about the LATUDA Copay Savings Program**

**Latuda**  
Austystone HCl



Access: MSL support

We work closely with medical liaison teams to stimulate interest in new therapies



The slide features a dark green background with a large, faint circular graphic on the right side. In the top right corner, there is a small white circular icon containing a house symbol. The text is arranged as follows:

**LEO Pharma**

**Tralokinumab for the Treatment of Moderate-to-severe Atopic Dermatitis in Adults**

**A Product Presentation for Payer Groups**

LEO

Confidential and Proprietary: For Payer Presentation Only. Do Not Distribute, Disseminate, or Copy.

MAT-41682 | Dec 2020



## Patient support and reimbursement

# A wide range of patient support program resources for specialty drugs

**DUPIXENT<sup>®</sup>**  
(dupilumab) Injection 300mg

Getting Patients Started on DUPIXENT

**DUPIXENT myway**  
Comprehensive patient support program to help ensure patient access and minimize barriers to DUPIXENT

Initiation Option 1 – Submit the EPF to:  
**The Adbry<sup>™</sup> Advocate<sup>™</sup> Program**  
A range of services is available

**Adbry Advocate Program responsibilities**  
**SP responsibilities**

**Hi! Here's what you need to know.**  
Adbry<sup>™</sup> Rapid Access<sup>™</sup> initial dose<sup>1,2,3</sup>  
(Eligible, commercially insured patients)

**Adbry<sup>™</sup> Bridge Care<sup>™</sup> if needed<sup>4</sup>**  
(Eligible, commercially insured patients)

**Maintenance doses**

**How's it going?**

**Adbry Nurse Advocate<sup>®</sup>**  
BI → PA → Appeal → Commercial dispensing

**Adbry advocate**      **SP in the contracted network**

**Fax the Enrollment and Prescription Form (EPF) to: 855-423-0011**

1. Benefits Investigation; 2. Prior Authorization; 3. Specialty Pharmacy  
4. The initial dose of Adbry may be shipped either to your office or the patient, after submission of a completed Enrollment and Prescription Form. A Nurse Advocate must coordinate shipment to a patient, which may extend delivery time. Patients who have been initiated on therapy with samples are not eligible for Rapid Access product.  
5. Additional terms, conditions and eligibility rules apply. Submission of a completed Enrollment and Prescription Form is required. Patient or health care provider may not seek reimbursement for the benefit received from any party. LEO Pharma reserves the right to modify, suspend or discontinue the Program and discontinue support at any time without notice.  
6. Patient is not eligible for the Program if enrolled in any specialty or other financial health care program, including but not limited to Medicare (including Medicare Part D), Medicaid, VA, DVA, TRICARE, or 340B.  
7. Patient Advocate cannot provide any medical advice and must refer patients to seek the advice of their health care provider.  
Refer to Full Terms, Conditions, and Eligibility Rules inside.

**Adbry<sup>™</sup>**  
(tralokinumab-ldrm)  
Injection 150 mg/mL

## Starting GILENYA

**In a medical office**      **At a GILENYA Assessment Network (GAN) site**

**GILENYA<sup>®</sup>**  
(fingolimod) containing 4-hydroxy Injection





# Templated appeal letters help FRM teams support office staff

**DUPIXENT<sup>®</sup>**  
(dupilumab) injection 300mg

**Navigating Prior Authorizations and Appeals for DUPIXENT**  
An informational guide with sample letters regarding coverage for DUPIXENT

Please see Important Safety Information throughout. Please click here for full Prescribing Information.

**Authorization and appeals kit**

**Moderate to severe plaque psoriasis**

Resources for healthcare providers

**INDICATIONS**  
COSENTYX<sup>®</sup> (secukinumab) is indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy. COSENTYX is indicated for the treatment of adult patients with active psoriatic arthritis. COSENTYX is indicated for the treatment of adult patients with active ankylosing spondylitis. COSENTYX is indicated for the treatment of adult patients with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation.

**IMPORTANT SAFETY INFORMATION**  
**CONTRAINDICATIONS**  
COSENTYX is contraindicated in patients with a previous serious hypersensitivity reaction to secukinumab or to any of the excipients.

Information and sample letters to help ensure that your communications with health plans are as complete as possible.

The information herein is provided for educational purposes only. Novartis cannot guarantee insurance coverage or reimbursement. Coverage and reimbursement may vary significantly by payer, plan, patient, and setting of care. It is the sole responsibility of the healthcare provider to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.

Click here for additional Important Safety Information. Please see full Prescribing Information, including Medication Guide.

**Adbry<sup>™</sup>**  
(tralokinumab-ldrm)  
Injection 150 mg/mL

**Patient Access Support Kit**  
Recommended practices and letter templates for appealing denials of prior authorizations

The information herein is provided for educational purposes and does not constitute legal advice. When completing a prior authorization request for an appeal, it is the responsibility of the health care provider to ensure adherence to the payer's requirements. Payer's public and nonpublic requirements may change, and LEO Pharma undertakes no obligation to provide updated information with respect to such requirements. Under no circumstances should any product or ancillary supplies that are received free of charge be billed to any third party payer. LEO Pharma cannot and will not guarantee coverage and nothing herein shall be construed to create such a guarantee.

**INDICATION**  
ADBRY<sup>™</sup> (tralokinumab-ldrm) injection is indicated for the treatment of moderate-to-severe atopic dermatitis in adult patients whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. ADBRY can be used with or without topical corticosteroids.

**IMPORTANT SAFETY INFORMATION**  
**CONTRAINDICATION**  
ADBRY is contraindicated in patients who have known hypersensitivity to tralokinumab-ldrm or any excipients in ADBRY.

Click here for Full Important Safety Information.  
Click here for Full Prescribing Information.

Table of Contents	Initiation Options	Formulary Criteria	Checklists Letter templates	Body Diagrams	Codes ICD-10 and NDC	Important Safety Information
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**Authorization and appeals kit**  
Resources for healthcare providers

**ILARIS<sup>®</sup>**  
Still's Disease, including Adult-Onset Still's Disease (AOSD) and Systemic Juvenile Idiopathic Arthritis (SJA) in patients aged 2 years and older

**INDICATIONS**  
ILARIS<sup>®</sup> (canakinumab) is an interleukin-1 $\beta$  blocker indicated for the treatment of the following autoinflammatory Periodic Fever Syndromes:  
— Cryopyrin-Associated Periodic Syndromes (CAPS) in adults and children aged 4 years and older, including:  
  • Familial Cold Autoinflammatory Syndrome (FCAS)  
  • Muckle-Wells Syndrome (MWS)  
— Tumor Necrosis Factor Receptor-Associated Periodic Syndrome (TRAPS) in adults and pediatric patients  
• Hyperinflammation of Systemic Inflammation (HIDS)/Mendelian Krieger Deficiency (IMDS) in adults and pediatric patients  
• Familial Mediterranean Fever (FMF) in adults and pediatric patients

ILARIS<sup>®</sup> (canakinumab) is indicated for the treatment of active Still's disease, including Adult-Onset Still's Disease (AOSD) and Systemic Juvenile Idiopathic Arthritis (SJA) in patients aged 2 years and older.

**IMPORTANT SAFETY INFORMATION**  
**CONTRAINDICATION**  
ILARIS is contraindicated in patients with confirmed hypersensitivity to the active substance or to any of the excipients.

The information herein is provided for educational purposes only. Novartis cannot guarantee insurance coverage or reimbursement. Coverage and reimbursement may vary significantly by payer, plan, patient, and setting of care. It is the sole responsibility of the healthcare provider to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.

Click here for Important Safety Information.  
Click here for full Prescribing Information, including Medication Guide.

Prior authorization and appeals templates were developed to meet a wide range of possible scenarios that the HCP office may encounter.





# A history of bringing new approaches to brand team resources

73-yr-old with chronic diverticulitis admitted emergently for abdominal pain and fever. X-ray reveals free air under diaphragm. Started on triple antibiotics. Taken to OR; diverticular stricture and perforated cecum identified. Right colectomy with ileostomy and mucous fistula performed. Taken to SICU, mechanical ventilation, started on TPN. (Based on actual case history.)

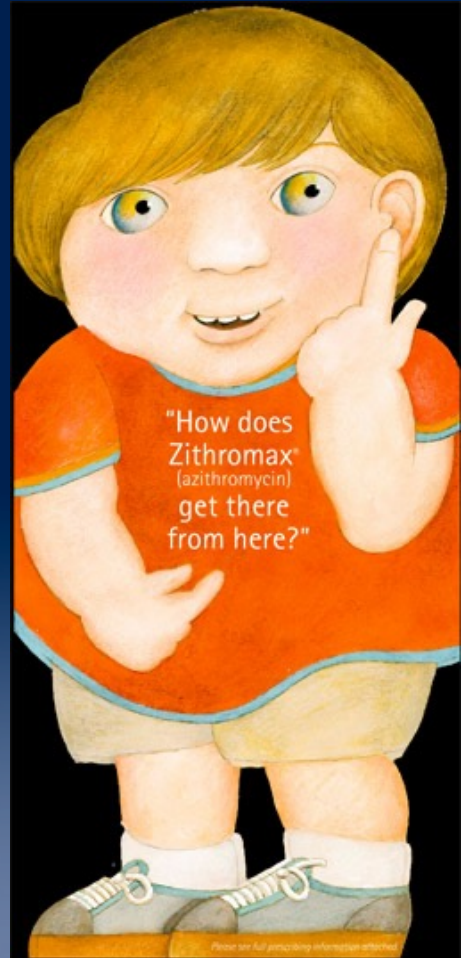
10/24 AM  
"Uneventful procedure; monitor for infection; maintain nutritional support; monitor renal function; continue broad-spectrum antibiotics."

10/27 AM

10/29 AM

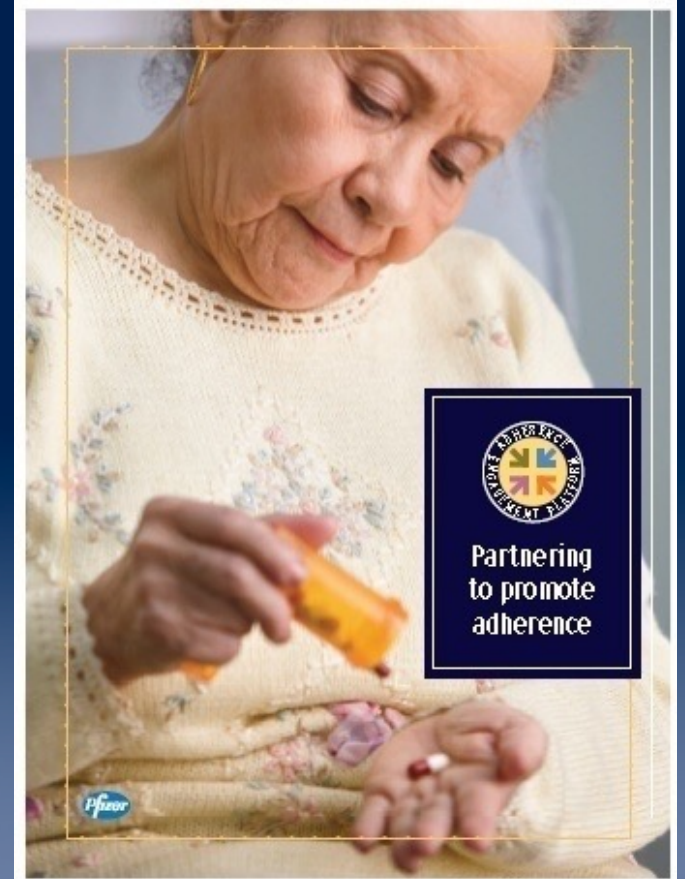
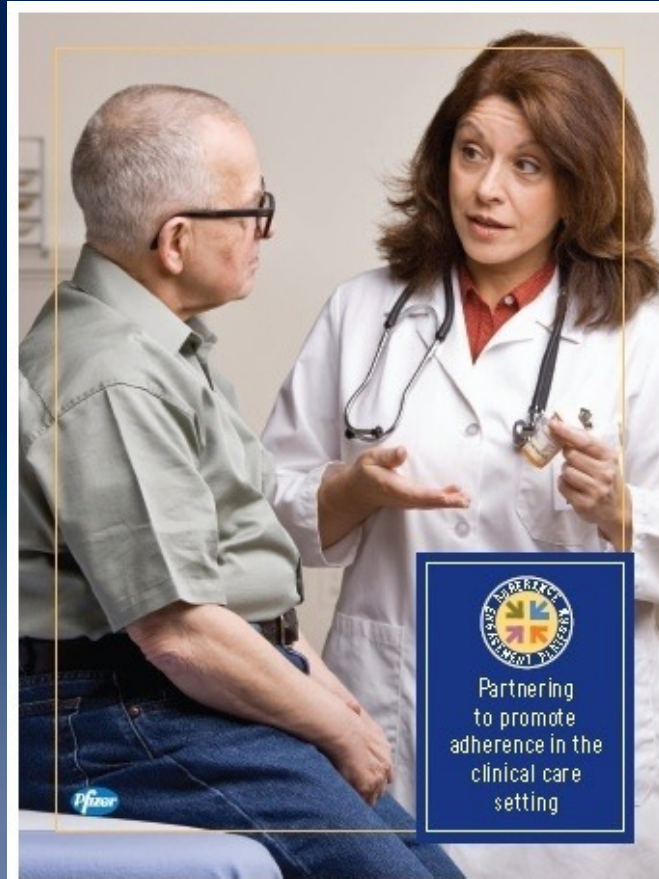
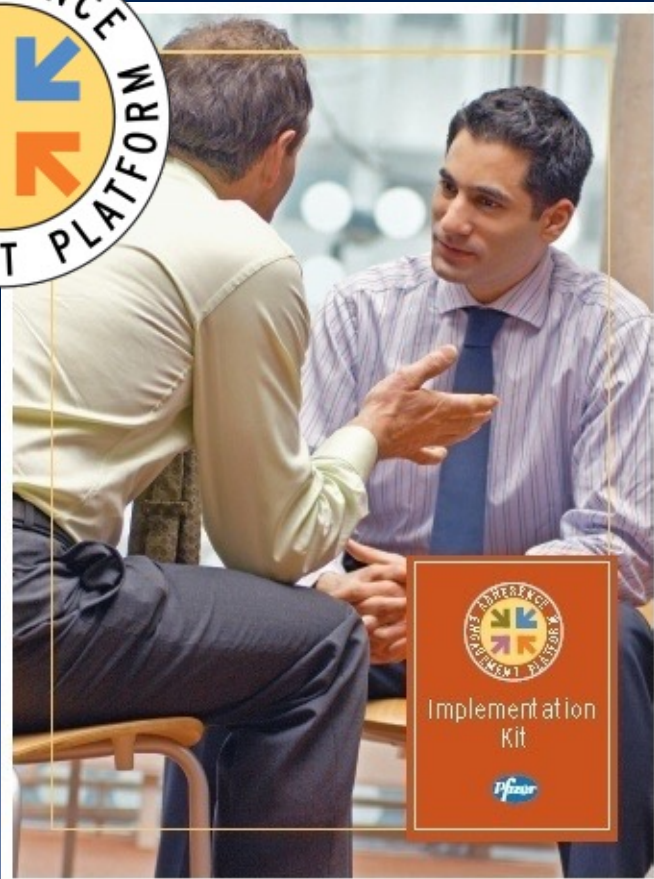
10/30 PM  
28 5: PM  
Dilosem 400mg IV now  
9 AM

You may not have the time to be certain





# Adherence and patient engagement: an opportunity for long-term partnerships





# Sunovion 360 – supporting the integration of mental and physical health as a key driver of value-based care for IDNs and payer organizations

Introducing Sunovion360



Supporting your efforts to integrate behavioral and physical health for better population health management<sup>1</sup>



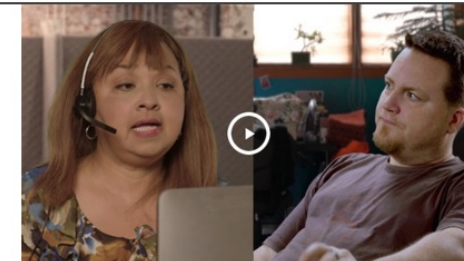
Videos on motivational interviewing for patients with mental illness



A **provider** demonstrates MI skills in a talk with a patient who has bipolar disorder



A **clinical pharmacist** integrates the principles of MI into a conversation with a patient who has multiple comorbidities



A **care manager** has a discussion with a patient with schizophrenia and puts MI skills into practice

## Guides



Prescriber/  
Patient Video  
**Leader  
Guide**




Prescriber/  
Patient Video  
**Participant  
Knowledge  
Check**




Pharmacist /  
Patient Video  
**Leader  
Guide**




Pharmacist/  
Patient Video  
**Participant  
Knowledge  
Check**




Care Manager /  
Patient Video  
**Leader  
Guide**




Care Manager /  
Patient Video  
**Participant  
Knowledge  
Check**




View program at: [www.sunovionhealthinsights.com/pages/motivational-interviewing-toolkit](http://www.sunovionhealthinsights.com/pages/motivational-interviewing-toolkit)




## Rare disease resources for payers and HCP staff

### Access communications for RNAi products



Introduction to Primary Hyperoxaluria Type 1 (PH1) and OXLUMO™ (lumasiran)

 **Please see Important Safety Information on slide 18 and full Prescribing Information available from Aplylam representative**

G01-USA-00234  
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### Resources for all indications of Ilaris and Cosentyx, including rare diseases

#### Prior authorization appeals kit

Resources for healthcare providers


**ILARIS®**  
Periodic Fever Syndromes (PFS): CAPS (including FCAS and MWS), TRAPS, HIDS/MKD, FMF in adults and children aged 4 years and older

**INDICATIONS**  
ILARIS® (canakinumab) is an interleukin-1β blocker indicated for the treatment of the following autoinflammatory Periodic Fever Syndromes:  
 • Cryopyrin-Associated Periodic Syndromes (CAPS), in adults and children aged 4 years and older, including:  
 — Familial Cold Autoinflammatory Syndrome (FCAS)  
 — Muckle-Wells Syndrome (MWS)  
 • Tumor Necrosis Factor Receptor-Associated Periodic Syndrome (TRAPS) in adults and pediatric patients  
 • Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD) in adults and pediatric patients  
 • Familial Mediterranean Fever (FMF) in adults and pediatric patients  
 ILARIS® (canakinumab) is indicated for the treatment of active Still's disease, including Adult-Onset Still's Disease (AOSD) and Systemic Juvenile Idiopathic Arthritis (SJIA) in patients aged 2 years and older.

**IMPORTANT SAFETY INFORMATION**  
**CONTRAINDICATION**  
ILARIS is contraindicated in patients with confirmed hypersensitivity to the active substance or to any of the excipients.

The information herein is provided for educational purposes only. Novartis cannot guarantee insurance coverage or reimbursement. Coverage and reimbursement may vary significantly by payer, plan, patient, and setting of care. It is the sole responsibility of the healthcare provider to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.

[Click here for Important Safety Information.](#)  
[Click here for full Prescribing Information, including Medication Guide.](#)




#### Authorization and Appeals Kit

#### Juvenile idiopathic arthritis

Categories of juvenile psoriatic arthritis (JPsA) and enthesitis-related arthritis (ERA)

Information and sample letters to help ensure that your communications with health plans are as complete as possible.

The information herein is provided for educational purposes only. Novartis Pharmaceuticals Corporation cannot guarantee insurance coverage or reimbursement. Coverage and reimbursement may vary significantly by payer, plan, patient, and setting of care. It is the sole responsibility of the healthcare provider to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.

**INDICATIONS**  
COSENTYX® (secukinumab) is indicated for the treatment of moderate to severe plaque psoriasis in patients 6 years and older who are candidates for systemic therapy or phototherapy.  
 COSENTYX is indicated for the treatment of active psoriatic arthritis (PsA) in patients 2 years of age and older.  
 COSENTYX is indicated for the treatment of adult patients with active ankylosing spondylitis (AS).  
 COSENTYX is indicated for the treatment of adult patients with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation.

COSENTYX is indicated for the treatment of active enthesitis-related arthritis (ERA) in patients 4 years of age and older.

**IMPORTANT SAFETY INFORMATION**  
**CONTRAINDICATIONS**  
COSENTYX is contraindicated in patients with a previous serious hypersensitivity reaction to secukinumab or to any of the excipients in COSENTYX. Cases of anaphylaxis have been reported during treatment with COSENTYX.



[Click here for additional Important Safety Information.](#)  
[Please see full Prescribing Information, including Medication Guide.](#)



## Patient and care manager resources

# Programs to address a broad range of needs: patient support, education on disease management

**YOU MAY RECEIVE DUPIXENT THROUGH DUPIXENT MyWay™ PATIENT SUPPORT PROGRAM OR THE SPECIALTY PHARMACY SELECTED BY YOUR HEALTHCARE PROVIDER**

**DUPIXENT™ (dupilumab)**

(Healthcare Provider, check one)

If your healthcare provider submitted a DUPIXENT Enrollment Form to **DUPIXENT MyWay**, here's what you can expect:

- Within 1 business day, DUPIXENT MyWay will verify your insurance coverage for DUPIXENT
- Your dedicated DUPIXENT MyWay Nurse Educator will contact you within 1 to 2 business days after your healthcare provider faxes the signed and completed enrollment form. The call will come from 1-844-387-4936
- Your Nurse Educator will provide you with an update on your insurance coverage, ensure you understand your copay amount, and provide education and additional injection training support
- Once approved, a specialty pharmacy will contact you to confirm the address for your DUPIXENT delivery

**Eligible patients may have a \$0 copay for DUPIXENT™**

OR

If your healthcare provider sent your prescription directly to a specialty pharmacy, here's what you can expect:

- Name and phone number of specialty pharmacy:
  - The specialty pharmacy will call you to explain your coverage status, copay costs, and to schedule delivery
  - You can also ask the pharmacy if you qualify for savings
  - You must talk to the pharmacy before you can receive DUPIXENT—the call may come from an unfamiliar number
- You can still receive assistance, from additional injection training to educational support, through DUPIXENT MyWay. Simply call 1-844-DUPIXENT [1-844-387-4936] Option 1
- Make sure to ask your healthcare provider about the DUPIXENT Copay Card if you have commercial insurance that is not funded through a government healthcare program

**DUPIXENT myway™**

\*THIS IS NOT INSURANCE. Not valid for prescriptions paid, in whole or in part, by Medicaid, Medicare, VA, DOD, TRICARE, or other federal or state programs. Eligible patients subject to program restrictions.

**DUPIXENT™ (dupilumab)**



**\$0 Copay for DUPIXENT™**

With the enclosed DUPIXENT MyWay™ Copay Card

\*THIS IS NOT INSURANCE. Not valid for prescriptions paid, in whole or in part, by Medicaid, Medicare, VA, DOD, TRICARE, or other federal or state programs. Eligible patients subject to program restrictions.

Patient support resources

**Getting Started with Specialty Medicines:**

[Click here to import your logo](#)

**The Prior Authorization Process**

**Introduction**

Your doctor has prescribed a medicine that may need approval from your health plan before it can be filled. This process is called prior authorization. This fact sheet will explain why such approvals are needed. It will also help you understand the process. This fact sheet includes some words and phrases that may be new to you. These terms are highlighted in red and defined for you in boxes at the bottom of each page.

**The Basics**

**What it is**

Prior authorization means your health plan needs to review why a medicine has been prescribed before they will approve payment for it.<sup>1,2</sup> Without this approval, you may have to pay the full cost of the medicine.<sup>3</sup> Many specialty medicines need prior authorization.

**Why it's needed**

Prior authorization helps make sure that medicines are being prescribed by the right providers, for the right patients, in the right way.<sup>1,3</sup>

**Specialty medicines:** Drugs used to treat rare and complex conditions such as cancer and rheumatoid arthritis. They may require special storage and handling, need to be closely monitored by a health care provider, and tend to cost more than traditional medicines.

**ARCHITools**  
Building Smarter Medicines

Above brand educational resources

**Tips for Safe Use of Opioids**

**Taking Opioids Safely**



- ▶ Let your doctor know if you have any side effects
- ▶ Because opioids can make you sleepy, don't drive or use heavy machinery

**Safe Storage and Disposal**

Opioid medicines should be taken only by the person for whom they are prescribed. Sometimes others can misuse them to get high.<sup>2</sup> Therefore, it's important to store opioids in a safe place where they can't be accessed by other people.<sup>1</sup>

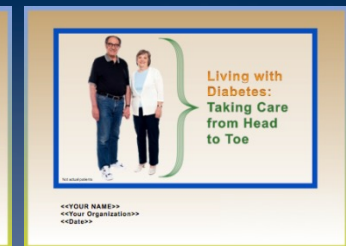
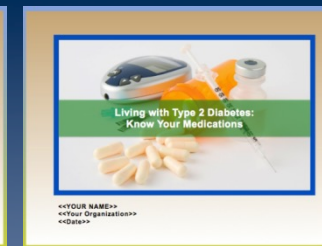
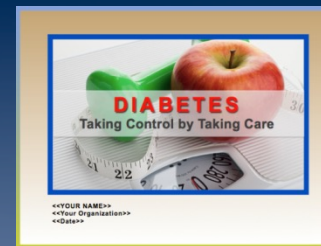
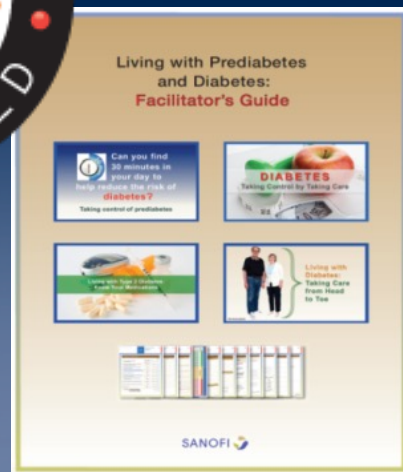
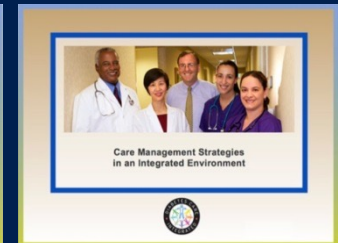
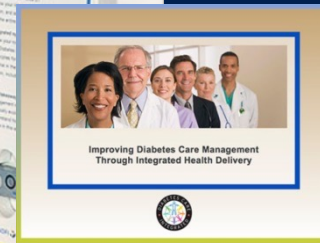
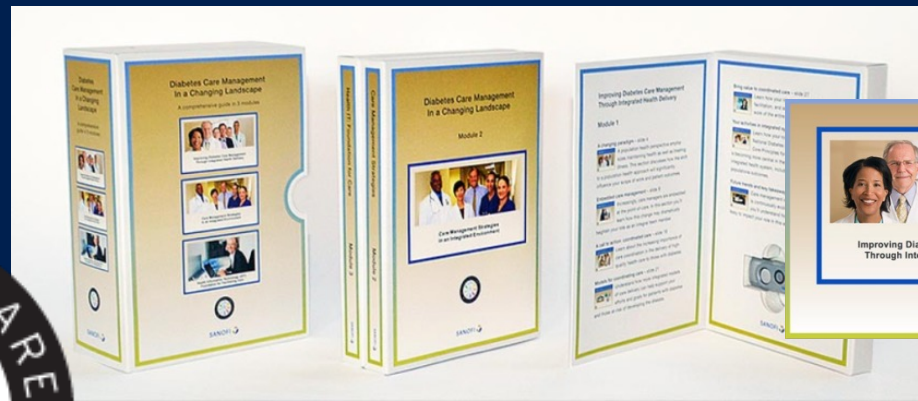
- ▶ Store opioids in a drawer or medicine cabinet that has a lock
- ▶ Don't leave your medicine out in the open. After you take it, put it back in a safe storage place
- ▶ Don't keep leftover medicine
- ▶ Find out if your community has a take-back program where you can bring leftover medicines
- ▶ Ask your pharmacy if they can help you dispose of your unused medicines
- ▶ Don't flush the medicine down the toilet – it can pollute the water

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## Warhaftig Associates: Who we are

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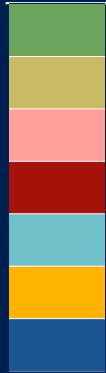
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