Vidara Therapeutics announces the launch of the Comprehensive Personal Patient Prescription Advocacy & Support Services (COMPASS) Program.

COMPASS is a comprehensive patient assistance program available to patients in need of ACTIMMUNE® therapy. The goal of the COMPASS Program is to facilitate access for patients who may benefit from ACTIMMUNE®. The COMPASS Program offers patients, their families and healthcare providers one-stop, convenient access to advocacy and other support services. Both new and existing patients may enroll.

Dedicated, experienced COMPASS Reimbursement Case Advocates are available to:

- Support patients throughout the reimbursement process, including conducting benefit investigations as well as processing prior authorizations and insurance appeals
- Answer questions and refer eligible patients to the Co-Pay Assistance and Patient Assistance Programs for financial assistance in obtaining ACTIMMUNE®
- Referrals to other foundation support services, when appropriate

The Co-Pay Assistance Program
The Co-Pay Assistance Program offers capped monthly co-pays for commercially insured patients (patients not enrolled in Medicare or other government insurance programs). This program covers patient co-pay amounts over $150 per month. There are no forms or financial eligibility requirements. Patients who are registered in the COMPASS Program are automatically referred to the Co-Pay Assistance Program and discounted co-pays are automatically applied by the patient’s pharmacy.

The Patient Assistance Program (PAP)
The Patient Assistance Program (PAP) provides access to ACTIMMUNE® therapy (at no cost) to patients without insurance or patients rendered uninsured for ACTIMMUNE® due to payer denial of coverage. Initial eligibility and periodic verification of continued eligibility requirements apply.

To enroll or contact COMPASS with questions, call toll-free 877-305-7704, Monday through Friday from 8:00 AM to 6:00 PM Eastern time.
ACTIMMUNE® is indicated for:

**Chronic Granulomatous Disease**
ACTIMMUNE® is indicated for reducing the frequency and severity of serious infections associated with Chronic Granulomatous Disease (CGD). CGD is an inherited disorder of leukocyte function caused by defects in the enzyme complex responsible for phagocyte superoxide generation.

**Severe, Malignant Osteopetrosis**
ACTIMMUNE® is also indicated for delaying time to disease progression in patients with Severe, Malignant Osteopetrosis. Severe, Malignant Osteopetrosis is an inherited disorder characterized by an osteoclast defect, leading to bone overgrowth, and deficient phagocyte oxidative metabolism.

**ACTIMMUNE® Important Safety Information:**

**Contraindications**

ACTIMMUNE® is contraindicated in patients who develop or have known hypersensitivity to interferon-gamma, E. coli derived products, or any component of the product.

**Warnings & Precautions**

Acute and transient ‘Flu like’ symptoms induced by ACTIMMUNE® at doses 10 times greater than the weekly recommended dose may exacerbate pre-existing cardiac conditions such as ischemia, heart failure or arrhythmia and therefore should be used with caution in patients with such conditions. Neurological effects including decreased mental status, gait disturbance and dizziness have been observed in patients administered higher than recommended dose, and caution is advised if ACTIMMUNE® is administered to patients with seizure disorders or compromised CNS function. Neutropenia and thrombocytopenia have been observed during ACTIMMUNE® therapy and caution is advised in patients with myelosuppression. Elevations of AST and/or ALT have been observed during ACTIMMUNE® therapy and patients begun on ACTIMMUNE® therapy <1 year of age should receive monthly assessments of liver function. If severe hepatic enzyme elevations develop, ACTIMMUNE® dosage should be modified.

Isolated cases of acute serious hypersensitivity reactions have been observed in patients receiving ACTIMMUNE®. In addition transient cutaneous rashes have been observed. The most common adverse experiences are transient ‘flu-like’ or constitutional symptoms such as fever, headache, chills, myalgia or fatigue. In addition to disease related tests, the following tests should be performed prior to initiation of therapy and at 3-month intervals during treatment:
• Haemotologic tests including complete blood counts, differential and platelet counts
• Blood Chemistries including renal and liver function tests (1-month intervals if <1 year olds)
• Urinalysis

Caution should be exercised when administering ACTIMMUNE® in combination with other potentially myelosuppressive agents. ACTIMMUNE® may also depress hepatic metabolism of certain drugs that are substrates for hepatic cytochrome P-450 based metabolism. ACTIMMUNE® has not been tested for carcinogenic potential and the importance of effects observed in preclinical impairment of fertility studies is uncertain. ACTIMMUNE® is Pregnancy Category C and it is unknown if ACTIMMUNE® is excreted in human milk.

See full Prescribing Information for further details of warnings and precautions. Full product and prescribing information for ACTIMMUNE® is available at www.actimmune.com.