

IMATINIB SAVINGS CARD

100mg / 400mg Tablets

†Therapeutic equivalent to Gleevec®

PATIENT

Present this card with your Imatinib prescription to a participating pharmacy.

PHARMACIST

For Insured Patients:

Process a coordination of benefits (COB/split bill) claim using patient's prescription insurance for the PRIMARY claim. Submit a SECONDARY claim to PDM under BIN: 610020 For help processing the card, please call 1-855-531-1077

LIMITATIONS APPLY

This offer is not valid for cash paying patients, Medicaid, Medicare or any other state or federal program. Card use restricted to one 30 day supply fill or refill per month. See accompanying Terms and Conditions and date of termination at www.imatinibrx.com.

To print the Imatinib Savings Card, please right-click your mouse and select print.

IMATINIB SAVINGS CARD

100mg / 400mg Tablets



\$0*

Maximum out of pocket
For patients with commercial insurance coverage

*Maximum out of pocket covers a 30 days supply

This offer is not valid for cash paying patients, Medicaid, Medicare or any other state or federal program. See Terms and Conditions on www.imatinibrx.com. Please present this card when you visit the pharmacist.

BIN 610020 • GROUP 99992498 • ID 79123927109

To Patient:

- Present this card with your Imatinib prescription to a participating pharmacy.
- If you are eligible you will pay an initial payment of \$0 plus any additional expense over \$250.00 not covered by your primary insurance.
- By using this card you acknowledge that you currently meet the eligibility requirements and will comply with the Terms and Conditions (See Imatinib Terms and Conditions printed on this folder or at www.imatinibrx.com)

To Pharmacist:

- For Insured Patients: Process a coordination of benefits (COB/split bill) claim using patient's prescription insurance for the PRIMARY claim. Submit a SECONDARY claim to PDM under BIN: 610020
- For help processing the card, please call 1-855-531-1077



trialcard
US Patent No. 7,925,531

IMATINIB Savings Card Terms and Conditions

- By participating in the IMATINIB Savings Card Program, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:
- The Savings Card is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare or other federal or state healthcare programs including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico (formerly known as "La Reforma de Salud").
- This Savings Card is not valid for prescriptions that are eligible to be reimbursed by private insurance plans or other health or pharmacy benefit programs, which reimburse you for the entire cost of your prescription drugs.
- You must deduct the savings received under this program from any reimbursement request submitted to your insurance plan, either directly by you or on your behalf.
- Eligible patients may pay a minimum of \$0 per prescription fill (30 day supply). By using the card eligible patients will receive a savings of up to \$250 per fill off their co-pay or out-of-pocket costs. Card use restricted to one 30 day supply fill or refill per month.
- The Savings Card cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription.
- The Savings Card will be accepted only at participating pharmacies.
- The Savings Card is not health insurance.
- The offer is good only in the U.S. and Puerto Rico.
- The Savings Card is limited to one per during this offer period and is not transferable.
- Sun Pharma reserves the right to rescind, revoke, or amend this offer without notice at any time.
- There are no membership fees for this savings program.



SUN
PHARMA

†Therapeutically equivalent for the labeled indication. Gleevec is a registered trademark of Novartis AG Corporation, Switzerland.

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