

This is not the actual card. Please see enrollment instructions below.

Our Commitment to Patient Support

SPRYCEL ASSIST is a helpful resource for people who take SPRYCEL® (dasatinib). It offers you practical help and information about your condition and your treatment.

SPRYCEL ASSIST offers include:



\$0 monthly co-pay offer for eligible commercially insured patients*

Subject to an annual maximum benefit of \$32,000



1-month free trial for new, eligible Medicare, Medicaid, or cash patients*



Dedicated patient support coordinators



Information, support, and resources every step of the way

*Subject to Eligibility, Terms, and Conditions on the bottom of this page.

Through SPRYCEL ASSIST, you also have access to:

- Free benefits review to assist you in understanding your insurance coverage
- Information for you and your provider if your insurance requires a prior authorization



Sign up for SPRYCEL ASSIST today:

Step 1

Enroll in SPRYCEL ASSIST

To see if you're eligible for the One Card, visit www.sprycel.com or call **1-855-SPRYCEL (777-9235)** Monday-Friday 8:00 AM to 8:00 PM EST.

Step 2

Activate your One Card

Call **1-855-SPRYCEL (777-9235)** and press 1. A live counselor will help you activate your One Card if eligible. Monday-Friday 8:00 AM to 8:00 PM EST.

Step 3

Fill your prescription

Contact your pharmacy to fill your SPRYCEL prescription using your One Card.

TERMS AND CONDITIONS FOR SPRYCEL® (dasatinib) ONE CARD

Co-pay Assistance Eligibility, Terms, and Conditions

- Patients must have commercial (private) insurance, but their coverage does not cover the full cost of the prescription. Co-pay assistance is not valid where the entire cost of the prescription is reimbursed by insurance
- Patients are not eligible if they have prescription insurance coverage through a state or federal healthcare program, including but not limited to Medicare, Medicaid, MediGap, CHAMPUS, TRICARE, Veterans Affairs (VA), or Department of Defense (DoD) programs; patients who move from commercial to state or federal healthcare program insurance will no longer be eligible
- Cash-paying patients are not eligible for co-pay assistance
- Patients who purchase their prescription drug insurance through a Health Insurance Exchange (also known as a Health Insurance Marketplace) or Small Business Health Options Program (SHOP) Marketplace are currently eligible for co-pay assistance
- Patients must be currently receiving treatment with SPRYCEL for one of its FDA-approved indications
- Patients or their guardian must be 18 years of age or older
- The Program will pay an eligible patient's monthly co-pay, excluding certain dispensing costs, up to a maximum annual benefit of \$32,000
- All Program payments are for the benefit of the patient only

1-Month Free Trial Eligibility, Terms, and Conditions

- Patients must be new to SPRYCEL and have not previously filled a prescription for SPRYCEL
- Patients must have a valid 30-day prescription for SPRYCEL. The Free Trial may not be redeemed on prescriptions written for longer than 30 days
- The Free Trial is not available to patients who have commercial insurance that pays for all or part of their medication or to patients who purchase their prescription drug insurance through a Health Insurance Exchange or SHOP Marketplace
- Patients must be currently receiving treatment with SPRYCEL for one of its FDA-approved indications

- Patients or their guardian must be 18 years of age or older
- Patients eligible for the Free Trial may not count the Free Trial as an expense incurred for purposes of determining out-of-pocket costs for any plan, including true out-of-pocket costs ("TrOOP"), for purposes of calculating the out-of-pocket threshold for Medicare Part D plans

One Card Program Timing

- Activation and first use of the One Card must take place by December 31, 2018. The One Card expires on December 31, 2020. Absent a change in Massachusetts law, for Massachusetts residents only, this offer will expire on June 30, 2019

Additional Terms & Conditions

- Patients, pharmacists, and prescribers may not seek reimbursement from health insurance, health savings or flexible spending accounts, or any third party, for any part of the benefit (either the Free Trial or co-pay assistance) received by the patient through this offer
- If the patient has prescription drug insurance, the assistance offered by the card must be consistent with the patient's insurance and patient must report the value received as may be required by his/her insurance provider
- Offer valid only in the United States and Puerto Rico. Void where prohibited by law, taxed, or restricted
- **The One Card Program is not insurance**
- One Card is not transferable and is limited to 1 per patient. This offer cannot be combined with any other offer, rebate, coupon, or free trial
- This offer is not conditioned on any past, present, or future purchase, including refills
- No membership fees
- Bristol-Myers Squibb reserves the right to rescind, revoke, or amend this offer without notice

BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.



Bristol-Myers Squibb



Otsuka Otsuka America Pharmaceutical, Inc.