

# Save instantly on Pomalidomide Capsules\*\*

If eligible, commercially insured patients may pay as little as a \$0\* copay per month\*

Pomalidomide Capsules Therapeutically equivalent to POMALYST†

\* If eligible, commercially insured patients may pay as little as \$0† out-of-pocket cost with the Pomalidomide instant savings card per fill, and the program will pay up to \$1,250 per 30-day supply of the remaining cost after primary insurance coverage, up to \$15,000 per calendar year.

\*\* Valid only for Pomalidomide Capsules manufactured and distributed by Apotex.



**Instant savings card**  
**Pomalidomide Capsules\*\***

Offer not valid for uninsured patients, those with no coverage for Pomalidomide Capsules, those with prescription drug coverage under Medicaid, Medicare, TRICARE, the Federal Employee Health Benefit Program, or any other federal or state health care program, or if the patients receive full reimbursement for prescriptions from private insurance plans or other health or pharmacy programs. See additional Terms and Conditions at <http://www.pomalidomidecopay.com>.

\* If eligible, commercially insured patients may pay as little as \$0 out-of-pocket cost with the Pomalidomide instant savings card per fill, and the program will pay up to \$1,250 per 30-day supply of the remaining cost after primary insurance coverage, up to \$15,000 per calendar year.

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BIN: 610852 PCN: 2001 Group#: 77770262 ID: 94321901111

Eligible commercially insured patients may pay as little as a **\$0\*** COPAY  
Receive up to **\$1,250 per fill†**

#### Patient

- Show the Pomalidomide instant savings card with your Pomalidomide prescription at any participating pharmacy.
- If eligible, commercially insured patients may pay as little as \$0† out-of-pocket cost with the Pomalidomide instant savings card per fill, and the program will pay up to \$1,250 per 30-day supply of the remaining cost after primary insurance coverage, up to \$15,000 per calendar year.
- By using this card, the patient acknowledges meeting the eligibility requirements and complying with our Terms and Conditions at [www.pomalidomidecopay.com](http://www.pomalidomidecopay.com).

#### Pharmacist

- For commercially insured patients presenting the Pomalidomide instant savings program card for whom you have dispensed Pomalidomide Capsules manufactured and distributed by Apotex, Process a coordination of benefits claim (COB/split bill) by using the patient's prescription insurance for the PRIMARY claim.
- Submit a SECONDARY claim to CapitalRx under BIN: 610852 and PCN: 2001.
- For questions about processing the card, please call toll free at 1-833-694-7868.

† Apotex reserves the right, at its sole discretion, to amend, revoke, or terminate the program at any time  
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**APOTEX**  
Global Health Company

## For patients

### Getting started

Save instantly on your out-of-pocket cost for Pomalidomide Capsules by presenting this flyer when you go to pick up your prescription at a participating pharmacy.

Get more information about eligibility requirements and limitations on the next page, or by visiting [www.pomalidomidecopay.com](http://www.pomalidomidecopay.com).

## For pharmacists

### How to process patient savings

- 1 For commercially insured patients: Process a coordination of benefits claim (COB / split bill) by using the patient's prescription insurance for the PRIMARY claim.
- 2 Submit a SECONDARY claim to CapitalRx under BIN: 610852 and PCN: 2001. Valid only for Pomalidomide Capsules manufactured and distributed by Apotex.

For questions about processing the card, please call toll free at 1-833-694-7868.

† POMALYST® is a registered trademark of Celgene Corporation, a Bristol Myers Squibb company.

‡ Apotex reserves the right, at its sole discretion, to amend, revoke, or terminate the program at any time. For questions or additional assistance, please contact a Patient Care Specialist toll free at 1-833-694-7868.

**APOTEX**  
Global Health Company

# Frequently asked questions about the Pomalidomide instant savings program\*

## Question:

### How do I get a savings card?

This flyer will function as your savings card. Simply print the front page and present it to your pharmacist.

Visit [www.pomalidomidecopy.com](http://www.pomalidomidecopy.com) or call toll free at 1-833-694-7868 if you need assistance or more information.

## Question:

### How do I know if I'm eligible?

Most commercially insured patients are eligible. You are not eligible to participate in the program if you are uninsured or your insurance does not cover Pomalidomide, or if you are covered under Medicaid, Medicare, TRICARE, the Federal Employee Health Benefit Program, or another federal or state program. Other eligibility restrictions apply. See the terms and conditions below for details.

## Question:

### What are the program's limitations?

The maximum benefit per fill is \$1,250. The offer is only valid in the United States and Puerto Rico, and can't be combined with any other offers, coupons, rebates, or free trials for this medication. Other limitations apply. See the terms and conditions below for details.

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### Terms and conditions

\* By participating in the Pomalidomide instant savings program for Pomalidomide Capsules manufactured and distributed by Apotex, you acknowledge that you meet the eligibility criteria and will comply with the terms and conditions described below:

- You may not use the Pomalidomide instant savings program if you have prescription drug coverage under Medicaid, Medicare, TRICARE, the Federal Employee Health Benefit Program, 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"). You may not use the Pomalidomide instant savings program if you are uninsured or have no prescription drug coverage for Pomalidomide Capsules.
- The Pomalidomide instant savings program 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 (i.e. you have no cost-sharing obligation).
- Offer not available for residents of California or Massachusetts or where prohibited by law. Void if copied, transferred, purchased, altered or traded. This is not an insurance program. This offer is restricted to residents of the United States and Puerto Rico. 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.
- If eligible, commercially insured patients may pay as little as \$0 out-of-pocket cost with the Pomalidomide instant savings card toward each cycle, and the program will pay up to \$1,250 per 30-day supply of the remaining cost after primary insurance coverage, up to \$15,000 per calendar year. In the event the patient's cost-sharing obligation for Pomalidomide Capsules under their health insurance is more than \$1,250 per fill, the patient will be responsible for any cost-sharing beyond \$1,250 per 30-day supply. The Pomalidomide instant savings program cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription.
- The Pomalidomide instant savings program will be accepted only at participating pharmacies.
- The Pomalidomide instant savings program is not health insurance.
- The offer is good only in the U.S. and Puerto Rico.
- Apotex reserves the right, at its sole discretion, to amend, to rescind, revoke, or terminate the offer at any time.
- There are no membership fees for this savings program.
- If you receive co-payment assistance under the Pomalidomide instant savings program, your personal information will be used to process payment for your prescription under such program through an Apotex vendor.