

## Terms & Conditions for Sprycel® (dasatinib) Co-pay Card

### Eligibility Requirements and Program Benefits:

- Patients must have commercial insurance, but their coverage does not cover the full cost of the
  prescription. Co-pay assistance is not valid for cash-paying patients or 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.
- Patients or their guardian must be 18 years of age or older.
- Patients must live in the United States or Puerto Rico.
- Eligible patients with an activated co-pay card and a valid prescription may pay as little as \$0 per 30-day supply; monthly, annual, and/or per-claim maximum program benefits may apply and vary from patient to patient, depending on the terms of a patient's prescription drug plan and to ensure that the funds are used for the benefit of the patient, based on factors determined solely by Bristol Myers Squibb.
- Some prescription drug plans have established programs referred to as "co-pay maximizer" programs.
   A co-pay maximizer program is one in which the amount of the patient's out-of-pocket costs is adjusted to reflect the availability of support offered by a co-pay support program. Patients enrolled in co-pay maximizer programs may receive program benefits that vary over time to ensure the program funds are used for the benefit of the patient.

#### **Program Timing:**

Patients will be evaluated for ongoing eligibility to continue enrollment in the program. In the event
patients experience a change in insurance coverage or BMS makes changes to the co-pay assistance
program, patients may be required to re-enroll into the program and provide updated insurance
information to determine eligibility.

#### 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 received by the patient through this offer.
- Acceptance of this offer confirms that this offer is consistent with patient's insurance. Patients must report the receipt of co-pay assistance benefits if required by patient's insurance provider.
- All Program payments are for the benefit of the patient only.
- Offer valid only in the United States and US Territories. Void where prohibited by law, taxed or
  restricted. For SPRYCEL® (dasatinib), offer not available to or valid for Massachusetts residents or
  California residents unless the California resident has completed step therapy or prior authorization
  as required by the individual's health insurance.
- The Program is not insurance.
- Program benefits are not transferable and offer is limited to one (1) per patient. This offer cannot be combined with any other offer, rebate, coupon, or free trial.
- This Program 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 at any time without notice.

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