



## 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 (Zero) 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. Maximum number of card uses is 6 fills (or refills) each for no more than a 30 day supply.
- 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.