

Terms & Conditions for SPRYCEL® (dasatinib) 30-Day Trial Offer

Eligibility Requirements:

You may be eligible for the Free 30-Day Trial Offer for SPRYCEL if:

- You have not previously filled a prescription for SPRYCEL;
- You have a valid 30-day prescription for SPRYCEL. The Free Trial may not be redeemed on prescriptions written for longer than 30 days
- Patients or their guardian are 18 years of age or older; and
- You are a resident of the United States or Puerto Rico

Terms of Use:

- Eligible patients who present a Free 30-Day Trial card together with a valid 30-day prescription for SPRYCEL can receive a free 30-day supply of SPRYCEL. Patient is responsible for applicable taxes, if any. This offer may not be redeemed on prescriptions written for longer than 30 days.
- This offer is limited to one use per patient per lifetime and is non-transferrable. By redeeming this offer, you certify that you have not previously filled a prescription for SPRYCEL.
- The Free 30-Day Trial for the specified prescription cannot be combined with any other rebate/coupon, free trial or similar offer. No substitutions are permitted.
- Patients, pharmacists, and prescribers cannot seek reimbursement for the Free 30-Day Trial of SPRYCEL from health insurance or any third party, including state or federally funded programs.
- Patients may not count the Free 30-Day Trial of SPRYCEL 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.
- Activation and use of the Free 30-Day Trial card must take place by December 31, 2024. This card expires on December 31, 2024.
- Only valid in the United States and Puerto Rico; this offer is void where restricted or prohibited by law.
- Bristol Myers Squibb reserve the right to rescind, revoke or amend this offer at any time without notice.
- This Free 30-Day Trial card may not be sold, purchased, traded, or counterfeited. Reproductions of this card are void.
- This offer is not conditioned on any past, present or future purchase, including refills.
- **The SPRYCEL Free 30-Day Trial offer is not health insurance.**

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

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 Puerto Rico. Void where prohibited by law, taxed, or restricted.
- 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.