Apotex **tolvaptan tablets**** copay savings program card



For patients

How to save

- Print or download this page and bring it to any participating pharmacy along with your existing tolvaptan prescription.
- If eligible, commercially insured patients may pay as little as $0* out-of-pocket cost with the tolvaptan copay savings card toward each fill, and the program will pay up to $400 per 30-day supply of the remaining cost after primary insurance coverage, up to $4,800 per calendar year.
- By using this card, the patient acknowledges meeting the eligibility requirements and complying with our Terms and Conditions in this document and at www.tolvaptancopay.com.

For pharmacists

Processing instructions

- Primary claim: For commercially insured patients, process a coordination of benefits claim (COB/split bill) by using the patient's prescription insurance.
- Secondary claim: Submit to CapitalRx under BIN: 610852 and PCN: 2001.
- For questions about processing the card, please call toll free at 844-586-7849.

Visit www.tolvaptancopay.com or call toll free at 844-586-7849 if you need assistance or more information.

‡ Apotex reserves the right, at its sole discretion, to amend, revoke, or terminate the program at any time.
* Offer not valid for uninsured patients, those with no coverage for tolvaptan tablets, 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 www.tolvaptancopay.com.
** Valid only for tolvaptan tablets manufactured and distributed by Apotex.
† Therapeutically equivalent to JYNARQUE® Tablets for the labeled indication. JYNARQUE® is a registered trademark of Otsuka America Pharmaceutical, Inc.

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APOTEX Global Health Company

Frequently asked questions about the Apotex copay savings program*

Question:

How do I get a copay savings card?

This flyer will function as your copay savings card. Simply download or print the flyer and present it to your pharmacist. Visit www.tolvaptancopay.com or call toll free at 844-586-7849 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 tolvaptan tablets, 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 $400*. 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.

Terms and conditions

* By participating in the Apotex copay savings program for tolvaptan tablets 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 Apotex copay 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 Apotex copay savings program if you are uninsured or have no prescription drug coverage for tolvaptan tablets.
- The Apotex copay 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.
- This offer is good only in the U.S. 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 tolvaptan copay savings card toward each fill, and the program will pay up to $400 per 30-day supply of the remaining cost after primary insurance coverage, up to $4,800 per calendar year.
- The Apotex copay savings program cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription.
- The Apotex copay savings program will be accepted only at participating pharmacies.
- The Apotex copay savings program is not health insurance.
- 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 Apotex copay savings program, your personal information will be used to process payment for your prescription under such program through an Apotex vendor.

Please see full Prescribing Information for tolvaptan tablets, including boxed warning and Medication Guide.

Visit www.tolvaptancopay.com or call toll free at 844-586-7849 if you need assistance or more information.

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