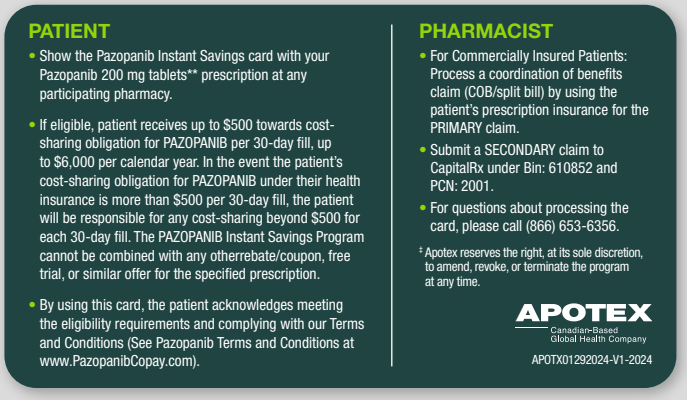
SAVE INSTANTLY
on Pazopanib 200 mg Tablets**

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

Pazopanib 200 mg Tablets Therapeutically equivalent to Votrient®†

* If eligible, commercially insured patients may pay as little as $0† out-of-pocket cost with the Pazopanib Instant Savings Card toward each 30-day supply, and the program will pay up to $500 per 30-day supply not covered by primary insurance, up to $6,000 per calendar year.

** Valid only for Pazopanib 200 mg tablets manufactured and labeled by Apotex.



FOR PATIENTS

Getting Started

Save instantly on your out-of-pocket cost for Pazopanib 200 mg tablets 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.PazopanibCopay.com

FOR PHARMACIST

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 Pazopanib 200 mg tablets.

NDC: 60505-4779-07

For questions about processing the card, please call toll free at (866)653-6356.

† Therapeutically equivalent to Votrient® tablets for the labeled indication at the 200 mg dosage. Votrient® is a registered trademark of Novartis Pharmaceuticals.

‡ 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 (866)653-6356.

APOTEX
Canadian-Based Global Health Company

Frequently Asked Questions About the Pazopanib 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.PazopanibCopay.com or call toll free at (866) 653-6356 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 Pazopanib, 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 30-day fill is $500, up to $6,000 per calendar year. 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 PAZOPANIB Instant Savings Program, you acknowledge that you meet the eligibility criteria and will comply with the terms and conditions described below:

- You may not use the PAZOPANIB 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 PAZOPANIB Instant Savings Program if you are uninsured or have no prescription drug coverage for PAZOPANIB.
- The PAZOPANIB 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 Pazopanib Instant Savings Card toward each 30-day supply, and the program will pay up to $500 per 30-day supply not covered by primary insurance, up to $6,000 per calendar year. In the event the patient's cost-sharing obligation for PAZOPANIB TABLETS under their health insurance is more than $500 per 30-day supply, the patient will be responsible for any cost-sharing beyond $500 for each 30-day supply. The Pazopanib Instant Savings Program cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription.
- The PAZOPANIB Instant Savings Program will be accepted only at participating pharmacies.
- The PAZOPANIB 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, rescind, revoke, or terminate the offer at any time.
- There are no membership fees for this savings program.
- If you receive copayment assistance under the PAZOPANIB Instant Savings Program, your personal information will be used to process payment for your prescription under such program through an Apotex vendor.

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