

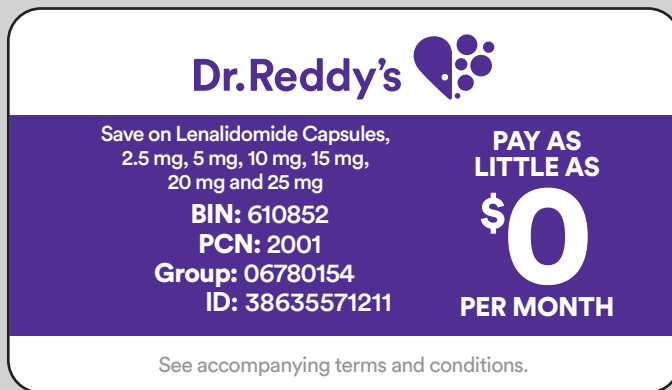
# COPAY SAVINGS PROGRAM

## Lenalidomide Capsules, 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg

Commercially insured patients may pay as little as \$0 out-of-pocket on Dr. Reddy's Lenalidomide Capsules, 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg prescriptions. Maximum program limits apply.\*

Using your Dr. Reddy's savings card is easy:

- 1 Download the digital savings card and present it at your pharmacy.
- 2 Ask your pharmacist to fill your existing prescription with Dr. Reddy's Lenalidomide Capsules, 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg



For pharmacy processing questions, please call

**1-877-442-7398**

Monday–Friday 24 hours,  
Saturday 8 AM-7 PM EST,  
Sunday 9 AM-5 PM EST

Please read the [Prescribing Information](#) for Lenalidomide Capsules, 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg.

### **WARNING: EMBRYO-FETAL TOXICITY, HEMATOLOGIC TOXICITY, and VENOUS and ARTERIAL THROMBOEMBOLISM**

See full prescribing information for complete boxed warning.

#### **EMBRYO-FETAL TOXICITY**

- Lenalidomide, a thalidomide analogue, caused limb abnormalities in a developmental monkey study similar to birth defects caused by thalidomide in humans. If lenalidomide is used during pregnancy, it may cause birth defects or embryo-fetal death.
- Pregnancy must be excluded before start of treatment. Prevent pregnancy during treatment by the use of two reliable methods of contraception (5.1).

Lenalidomide capsules are available only through a restricted distribution program, called the Lenalidomide REMS program(5.2, 17).

**HEMATOLOGIC TOXICITY.** Lenalidomide can cause significant neutropenia and thrombocytopenia (5.3).

#### **VENOUS AND ARTERIAL THROMBOEMBOLISM**

- Significantly increased risk of deep vein thrombosis (DVT) and pulmonary embolism (PE), as well as risk of myocardial infarction and stroke in patients with multiple myeloma receiving lenalidomide

\*Commercially insured patients may pay as little as \$0 out-of-pocket per fill. Maximum program assistance per prescription and maximum annual benefits apply. Out-of-pocket expenses may vary. Patient is responsible for costs above maximum benefit amounts. This Program is not insurance. This offer is not available to patients eligible for prescription coverage by any state or federally funded healthcare programs. Please call 1-877-442-7398 for more information on maximum limits, assistance and benefits.

Please read the **Terms, Conditions and Eligibility Requirements for Dr. Reddy's Lenalidomide Capsules, 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg COPAY SAVINGS PROGRAM** below.

# Terms, Conditions, and Eligibility Requirements for Dr. Reddy's Lenalidomide Capsules, 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg COPAY SAVINGS PROGRAM

**To the Patient:** You must present this offer and your primary insurance card to the pharmacist along with your prescription to participate in this program.

Offer valid only for the following National Drug Codes:			
2.5 mg	Lenalidomide Capsules	43598-516-63	28 count bottle
5 mg	Lenalidomide Capsules	43598-511-63	28 count bottle
10 mg	Lenalidomide Capsules	43598-512-63	28 count bottle
15 mg	Lenalidomide Capsules	43598-513-21	21 count bottle
20 mg	Lenalidomide Capsules	43598-514-21	21 count bottle
25 mg	Lenalidomide Capsules	43598-515-21	21 count bottle

This offer is not valid for patients eligible to have prescriptions paid for in part or in full by any state or federally funded healthcare programs, including but not limited to, Medicare or Medicaid, Medigap, VA, DOD, TRICARE, or by private health benefit programs which reimburse you for the entire cost of your prescription drugs. This card is not valid for patients who are Medicare eligible and are enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (e.g., patients who are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). By redeeming this offer, you certify that you are an eligible patient and you understand and agree to comply with the terms and conditions of this offer.

Proof of purchase may be required. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of his/her health plan related to the use of the program.

Void if copied, transferred, purchased, altered, or traded, and where prohibited, taxed, and restricted by law. Void in the State of California and Massachusetts. This is not an insurance program and is not intended to substitute for insurance.

This offer is restricted to residents of the United States and Puerto Rico. This offer may be changed or discontinued at any time without notice. This offer may not be used with any other discount, coupon, or savings offer. If you have any questions regarding your eligibility or benefits, please call the Lenalidomide Capsules Copay Savings Program at 1-877-442-7398.

**Insured Patients:** For commercially insured patients, you may pay a copay as low as \$0 for your out-of-pocket per prescription fill for Lenalidomide Capsules, 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg prescriptions. Maximum program assistance per prescription and maximum annual benefits apply. Out-of-pocket expenses may vary. Patient is responsible for costs above maximum benefit amounts. This Program is not insurance. Please call 1-877-442-7398 for more information on maximum limits, assistance and benefits.

**Insured/Not Covered Patients:** For commercially insured patients whose insurance does not cover Lenalidomide Capsules, 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg. Maximum program assistance per prescription and annual maximum benefits apply. Out-of-pocket expenses may vary. Patient is responsible for costs above maximum benefit amounts. This Program is not insurance. Please call 1-877-442-7398 for more information on maximum limits, assistance and benefits.

**To the Pharmacist:** When you use this offer you are certifying that you are dispensing Lenalidomide Capsules, 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg to a patient eligible for this offer in compliance with the terms and conditions, and you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. Void where prohibited by law.

**Pharmacy Instructions for Insured Patients:** Submit this claim to the patient's prescription insurance first, then submit a secondary claim to CapitalRx under BIN 610852/PCN 2001 as a Secondary Payor COB [coordination of benefits] using Other Coverage Code 8.

**Pharmacy Instructions for Insured/Not Covered Patients:** If the patient has commercial insurance but you receive a "not covered" response because Lenalidomide Capsules, 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg is not on the patient's formulary or is subject to prior authorization or step therapy and the patient has not met the criteria, continue the claim adjudication process and run the claim as secondary payer COB. Submit the claim from the primary Payer to CapitalRX as Secondary Payer COB [coordination of benefits] using Other Coverage Code 3.