# Questions about the ELIQUIS Direct-to-Patient program?

Eliquis apixaban tablets 5mg 2.5mg

Learn how the program may help eligible patients get their ELIQUIS prescription directly through ELIQUIS 360 Support.

## What is the ELIQUIS Direct-to-Patient program?

Eligible U.S. patients with an **ELIQUIS** prescription may purchase their medicine directly through **ELIQUIS 360 Support**. This program offers uninsured and self-paying patients (patients who pay out of pocket for the full cost of their prescriptions) a straightforward way to access **ELIQUIS**, with clear and transparent pricing information.

Please see **Program Terms and Conditions** below.

### Self-pay price

Eligible patients can get ELIQUIS for $345 per 30-day supply (60 tablets)* through the Direct-to-Patient program.

*Additional taxes and fees may apply. Please see **Program Terms and Conditions** for full price list.

### Free home delivery

Your medication is shipped directly to your home—available in all 50 states, Puerto Rico, and the U.S. Virgin Islands.

### Seamless support

**ELIQUIS 360 Support** is here to guide you, answer your questions, and help you every step of the way.

**Am I eligible to participate in the Direct-to-Patient program?**

**I do not have insurance or I self-pay for my prescription.**

Yes

If you do not have insurance or pay out of pocket for the full cost of your prescription medicines, see the "**How do I sign up for the Direct-to-Patient program?**" section below to find out how you may be able to get ELIQUIS through the program.

**What if I am not eligible for the Direct-to-Patient Program?**

**There may be other programs that exist for your coverage type. We're here to help you explore your options.**

**I have commercial insurance**

Patients with commercial insurance may be eligible for our **Co-Pay Program**, which may allow you to pay as little as $10 per 30-day supply or $10 for their first 90-day supply of ELIQUIS while enrolled in the program. Patients may pay as little as $30 for subsequent 90-day refills. Subject to an annual maximum benefit of $2000.*

Please visit **ELIQUIS.com/savings** for information about our **Co-Pay Program**.

*Eligibility and Terms and Conditions apply.

**I have Medicare Part D coverage**

Patients with Medicare Part D coverage are not eligible for the Direct-to-Patient program. However, you may qualify for additional resources and support.

To learn more about Medicare Part D, please visit **ELIQUIS.com/MedicarePartD** or call ELIQUIS 360 Support.

**I do not know my insurance coverage**

If you do not know what type of insurance you have, give ELIQUIS 360 Support a call and we can help determine what insurance coverage you have.

## How do I sign up for the Direct-to-Patient program?

**Call 1-855-ELIQUIS (354-7847).**

An ELIQUIS 360 Support live specialist will verify if you are eligible for the program. If you are eligible, we will guide you through the next steps for enrollment.

Specialists are available Monday–Friday, 8 AM–8 PM (ET).

## What can I expect after I enroll?

Once you're enrolled, your doctor will need to send your ELIQUIS prescription to the program's pharmacy. After your prescription is received, you will get a text message[1] with information to access the online Patient Portal, where you will:

1. Create your account (you will also get a verification email to confirm your identity and create a password)
2. Fill out your health profile
3. Verify your ELIQUIS prescription
4. Enter your shipping and payment information

Once shipping and payment have been confirmed, your ELIQUIS prescription will be shipped directly to your home.

### Need a refill later

Refills are available to order in the Patient Portal. If you have no more refills, contact your healthcare provider to place a refill request to the program's pharmacy.

[1]If a phone number is not capable of receiving text messages, this information will be sent to the email address listed in the Patient Portal.

Eliquis 360 Support

To learn more about ELIQUIS 360 Support and what it offers, click **here** or call us at 1-855-ELIQUIS (354-7847).

Please see **U.S. Full Prescribing Information**, including **Boxed WARNINGS** and **Medication Guide**.

### ELIQUIS Direct-to-Patient Program (the "Program") Terms and Conditions

In order to participate in this Program, a patient must:

- Be 18 years of age or older
- Have a valid prescription for ELIQUIS for an FDA-approved indication
- Be a resident of the United States, Puerto Rico, or other select U.S. Territory
- Be uninsured, have insurance that does not cover ELIQUIS, or have higher out-of-pocket expenses for ELIQUIS through their insurance than under the Program
- Not be enrolled in a Medicare Part D or a Medicare Advantage prescription drug plan
- Contact the ELIQUIS 360 Patient Support Program for an assessment of their prescription drug coverage for ELIQUIS

Patients may participate in this Program if they are uninsured or have insurance that does not cover ELIQUIS, or if the cash price for ELIQUIS through this Program is lower than their out-of-pocket expenses using insurance. Patients participating in Medicare Part D or a Medicare Advantage prescription drug plan are not eligible to participate in this Program. If the patient has insurance and fulfills their prescription through this Program, the transaction will process outside of any insurance. Patient payments will not count toward any deductibles and cannot be applied to a patient's maximum out-of-pocket costs. Patients and prescribers cannot seek reimbursement, from health insurance or any third party, for any medication received by the patient through this Program.

Bristol Myers Squibb and Pfizer reserve the right to rescind, revoke, or amend this Program and the cash price for ELIQUIS under this Program at any time without notice.

Reconfirmation of patient information may be requested periodically to ensure accuracy of data and compliance with terms. Patients with questions about the Program may call 1-855-ELIQUIS (354-7847), Monday–Friday, 8 AM–8 PM (ET).

This Program is not insurance. This Program is not conditioned on any past, present, or future purchase, including refills of ELIQUIS. This Program cannot be combined with any other coupon, free trial, discount, prescription savings card, or other Program not associated with this Program. This Program is valid only in the United States and its territories, unless prohibited by law. There are no membership fees.

By using this program, you certify that you meet the eligibility criteria and will comply with the terms and conditions described herein and will not seek reimbursement for any medication received through this Program.

### Program Details

The ELIQUIS Direct-to-Patient Program utilizes a cash-pay pharmacy, and **insurance is not accepted**. These cash prescriptions are filled by CoverMyMeds and CoverMyMeds Patient Direct Pharmacy.

Patients enrolled in the Program can pay as follows:

| Quantity | Days Supply | Pricing |
|---|---|---|
| 60 tablets (Qty 1 bottle) | 30-day supply | $345 |
| 74 tablets (Qty 1 bottle) | 30-day supply | $426 |
| 74 tablets (2 blister packs) | 30-day supply | $426 |
| 120 tablets (Qty 2 bottles; 60 tablets each) | 60-day supply | $690 |
| 180 tablets (Qty 3 bottles; 60 tablets each) | 90-day supply | $1,035 |

Patient is responsible for applicable taxes, if any. Patients must provide payment prior to dispense and shipment of their prescription.

### Disclosure of Third-Party Service Providers

**Cencora:** A patient solutions provider supporting the ELIQUIS 360 Patient Support Program. Cencora manages patient intake, eligibility, outreach, and offers live support to enrolled patients. Contact ELIQUIS 360 to evaluate your eligibility for the Program.

**CoverMyMeds (CMM) and CMM Patient Direct Pharmacy:** ELIQUIS Direct-to-Patient dispensing pharmacy responsible for patient accounts, payment collection, medication fulfillment, tracking, and shipping.

By using this service, you consent to have your prescription(s) processed and dispensed by pharmacies affiliated with CMM Patient Direct operating under a shared services arrangement, where permitted. You understand that processing and dispensing your prescription may involve the transfer of your prescription to pharmacies within the CoverMyMeds Pharmacy network for the purpose of fulfilling your prescription.



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