

CO-PAY CARD ELIGIBILITY REQUIREMENTS:

You may be eligible for the Co-pay Card for ELIQUIS® (apixaban) if:

1. You are insured by commercial insurance and your prescription insurance coverage does not cover the full cost of your prescription, that is, you have a co-pay obligation for ELIQUIS;
2. You do not have prescription insurance coverage through a state or federal healthcare program, including but not limited to Medicare Part D, Medicaid, Medigap, CHAMPUS, TRICARE, Veterans Affairs (VA), or Department of Defense (DOD) programs; patients who move from commercial plans to state or federal healthcare programs will no longer be eligible;
3. You are a resident of the United States, Puerto Rico, or other select U.S. Territory.

TERMS OF USE:

1. Eligible patients who present an activated Co-pay Card together with a valid prescription for ELIQUIS at participating pharmacies may pay as little as \$10 for a 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 for up to 24 months. Program benefit is subject to a maximum annual benefit of \$2,000.
. Other restrictions may apply. Patient is responsible for applicable taxes, if any.
2. Offer not applicable to co-pays of \$10 or less.
3. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party, for any part of the benefit received by the patient through this offer.
4. Your acceptance of this offer confirms that this offer is consistent with your insurance and that you will report the value received as may be required by your insurance provider.
5. Card must be activated before use. Activation and first use of the Co-pay Card must take place by December 31, 2026. Card expires 24 months from activation. Upon expiration, eligible patients may re-enroll in the Co-pay Card Program.
6. All Program payments are for the benefit of the patient only.
7. Only valid in the United States, Puerto Rico, and other select U.S. Territories; this offer is void where restricted or prohibited by law.

8. This offer is non-transferable, no substitutions are permissible, and offer cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription.
9. The Co-pay Card may not be sold, purchased, traded, or counterfeited. Reproductions of this Co-pay Card are void.
10. Bristol Myers Squibb and Pfizer reserve the right to rescind, revoke, or amend this offer at any time without notice.
11. This offer is not conditioned on any past, present, or future purchase, including refills.
12. No membership fees.
13. The Co-pay Card for ELIQUIS is not health insurance.

The Co-pay Card will be accepted only at participating pharmacies. For those customers using mail order or any non-participating retail pharmacy, please call 866-279-4730 to request a patient rebate form, or go to www.patientrebateonline.com to download a form.

Questions can also be submitted via mail to:

P.O. Box 2914
Phoenix, AZ, 85062-2914.

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

To the pharmacist: For processing assistance, please call McKesson Pharmacy Support at 1-866-279-4730.

Please see [Full Prescribing Information](#), including *Boxed WARNINGS* and [Medication Guide](#).

FREE TRIAL OFFER ELIGIBILITY REQUIREMENTS:

You may be eligible for the Free 30-Day Trial Offer for ELIQUIS® (apixaban) if:

1. You have not previously filled a prescription for ELIQUIS;
2. You have a valid 30-day prescription for ELIQUIS;
3. You are being treated with ELIQUIS for an FDA-approved indication that an HCP has planned for more than 35 days of treatment;
4. You are a resident of the United States, Puerto Rico, or other select U.S. Territory.

TERMS OF USE:

1. Eligible patients who present a Free 30-Day Trial card together with a valid 30-day prescription for ELIQUIS at participating pharmacies can receive a free 30-day supply (up to 74 tablets) of ELIQUIS. Patient is responsible for applicable taxes, if any. This offer may not be redeemed on prescriptions written for longer than 30 days.
2. This offer is limited to one use per patient per lifetime and is non-transferable. By redeeming this offer, you certify that you have not previously filled a prescription for ELIQUIS.
3. 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.
4. Patients, pharmacists, and prescribers cannot seek reimbursement for the Free 30-Day Trial of ELIQUIS from health insurance or any third party, including state or federally funded programs.
5. Patients may not count the Free 30-Day Trial of ELIQUIS 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.
6. Activation and use of the Free 30-Day Trial card must take place by December 31, 2026. This card expires on December 31, 2026.
7. Only valid in the United States, Puerto Rico, and other select U.S. Territories; this offer is void where restricted or prohibited by law.
8. Bristol-Myers Squibb and Pfizer reserve the right to rescind, revoke, or amend this offer at any time without notice.

9. This Free 30-Day Trial card may not be sold, purchased, traded, or counterfeited. Reproductions of this card are void.
10. This offer is not conditioned on any past, present, or future purchase, including refills.
11. The ELIQUIS Free 30-Day Trial offer is not health insurance.

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