

For questions, call:

**Eisai Assistance and Support
for You (E.A.S.Y.™) at**

1-855-EISAI-4-U (1-855-347-2448)

Learn more at:

www.LenvimaSavingsProgram.com





E.A.S.Y.™
(Eisai Assistance and Support for You)

\$0 CO-PAY CARD

Concerned about your co-pay for LENVIMA™?

The Eisai Assistance and Support for You (E.A.S.Y.)
Co-pay Card may be able to help.

Please see the next page for eligibility criteria.



Eisai Inc. is proud to announce the Eisai Assistance and Support for You (E.A.S.Y.™) Savings Program, which offers a \$0 co-pay card to assist you with your LENVIMA costs (co-payments and coinsurances).

The E.A.S.Y. Savings Program provides up to \$20,000 per year to assist with the out-of-pocket costs for LENVIMA. Depending on your insurance plan, you could have additional financial responsibility for any amounts over Eisai's maximum liability.

Eligibility criteria

Good toward the purchase of LENVIMA prescriptions. No substitutions permitted. Not available to patients enrolled in state and federal healthcare programs, including Medicare, Medicaid, Medigap, VA, DoD, or TRICARE. Offer only available to patients with private, commercial insurance. Offer available to MA residents through June 30, 2017. May not be combined with any other coupon, discount, prescription savings card, free trial, or other offer. Federal law prohibits the selling, purchasing, trading, or counterfeiting of this card. Such activities may result in imprisonment of 10 years, fines up to \$25,000, or both. Void outside the USA and where prohibited by law. Eisai Inc. reserves the right to rescind, revoke, or amend this offer at any time without notice. Patients and pharmacies are responsible for disclosing to insurance carriers the redemption and value of the card and complying with any other conditions imposed by insurance carriers on third-party payers. The value of this card is not contingent on any prior or future purchases. The card is solely intended to provide savings on any purchase of LENVIMA. Use of the card for any one purchase does not obligate the patient to make future purchases of LENVIMA or any other product. This offer will expire March 31, 2020.

How the program works

Eligible patients will be automatically enrolled in the Savings Program by the Specialty Pharmacy upon first prescription fill.

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Specialty Pharmacy contact information

Your healthcare team will tell you which Specialty Pharmacy will supply your medicine. It is important to know the name of your Specialty Pharmacy and to respond promptly to their phone calls and communications.

accredo[®]
Specialty Pharmacy

www.accredo.com

Phone

1-844-693-0156

Fax

1-877-247-4847

Biologics

www.biologicsinc.com

Phone

1-800-850-4306

Fax

1-800-823-4506



 **LENVIMA**[™]
(lenvatinib) capsules | 10 mg and 4 mg