

Teriflunomide Tablets Copay Savings Card

**Exclusively for Glenmark-labeled
Teriflunomide Tablets
(NDC: 68462-0423-30 or 68462-0424-30)**

Here's how the Glenmark Teriflunomide Tablets
Copay Card works:

1. Present this card or BIN, Group and ID numbers to your pharmacist along with a valid prescription.
2. Eligible commercially insured patients may pay as little as \$10* for their monthly Glenmark Teriflunomide Tablets prescription.
3. If you have any questions, please feel free to call : 877-234-3039.

Pay as little as **\$10***
for each prescription of
Glenmark Teriflunomide Tablets

BIN: 610020

GROUP: 99994408

ID: 86086694810

*Max benefit of \$100 per monthly prescription fill.
See Eligibility and Terms below.



To Patient: Commercially insured patients can use this copay card to reduce out-of-pocket expenses on eligible prescriptions filled with Glenmark Teriflunomide Tablets. Present this card to your pharmacy along with a valid Teriflunomide Tablets prescription for an FDA-approved use. This offer is valid for a maximum savings of \$100 per monthly prescription fill, and \$1200.00 per calendar year. By using this offer, you acknowledge that you meet the Eligibility Criteria and will comply with the Terms and Conditions set forth below.

To Pharmacist: Offer valid for SECONDARY claims only. Process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Patient will receive a maximum of \$100 off their out-of-pocket cost per monthly prescription fill. Pharmacist may not process this copay card for a patient who does not meet the Eligibility Criteria below. For pharmacy processing questions, please call : 877-234-3039.

Eligibility Criteria/Terms & Conditions:

- This offer is only good for use by patients with a valid prescription that is filled with Glenmark Teriflunomide Tablets for an approved indication at the time the prescription is filled and dispensed to the patient.
- This card is not valid for use by patients enrolled in Medicare, Medicaid, TRICARE, or any other federal or state programs (including any state pharmaceutical assistance programs), or patients with private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees. This offer is not valid for cash-paying patients.
- Maximum savings limit applies; patient out-of-pocket expense may vary. Offer applies only to prescriptions filled before the program expires.
- Glenmark Pharmaceuticals reserves the right to rescind, revoke, or amend this offer without notice. Offer good only in the USA, including Puerto Rico, at participating pharmacies. This offer is not valid for residents of Massachusetts. Void if prohibited by law, taxed, or restricted.
- This card is not transferable. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. This card has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified prescription. This offer is not health insurance.
- By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.

*Max benefit of \$100 per monthly prescription fill and \$1200 per calendar year

Please see accompanying full prescribing Information or visit www.glenmarkcopay.com

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