

FINGOLIMOD HCL CAPSULE CO-PAY CARD

Click [here](#) for a PDF of the Fingolimod HCL Capsule copay card.

Click here for [full Prescribing Information](#).

Pay as little as \$0 for each prescription of Accord Healthcare, Inc. Fingolimod Capsules

BIN: 006012 Group: 99994782 ID: 16729034210

See [Eligibility Criteria/Terms & Conditions](#) below.

Exclusively for Accord Healthcare, Inc.-labeled Fingolimod HCL Capsule.

NDC: 16729-342-10



How to Use Fingolimod HCL Capsule Copay Card:

Present this card or BIN, Group, and ID numbers to your pharmacist along with a valid prescription.

Eligible, commercially insured patients may receive their Accord Healthcare, Inc.-labeled Fingolimod Capsule monthly prescription for as little as \$0*. If you have any questions, please feel free to call **800-767-4226**.

To Patient:

By participating in this co-pay program, you acknowledge that you meet the Eligibility Criteria and will comply with the Terms and Conditions set forth below. Commercially insured and covered patients can use this copay card on eligible prescriptions filled with Accord Healthcare, Inc.-labeled Fingolimod Capsules. Patients may pay as little as \$0 for each prescription of Accord Healthcare, Inc. Fingolimod Capsules. Maximum program assistance per prescription and annual benefits apply, and out of pocket expenses may vary. Present this card to your pharmacy along with a valid Fingolimod Capsule prescription for an FDA-approved use

To Pharmacist:

When applying this co-pay card, you are certifying that Accord Healthcare, Inc. Fingolimod Capsules are being dispensed to eligible patients as per the terms and conditions. This offer is valid for SECONDARY claims only. Process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Please submit the SECONDARY CLAIM under **BIN: 006012**.

For pharmacy processing questions, please call **800-767-4226**.

Eligibility Criteria/Terms & Conditions:

- Approval is not guaranteed.
- THIS IS NOT INSURANCE.
- Any savings provided by the program may vary depending on patients' out-of-pocket costs.
- The program is intended to help patients afford FINGOLIMOD. Patients may have insurance plans that attempt to dilute the impact of the assistance available under the program. In those situations, the program may change its terms. Additional terms and conditions apply.
- This offer is only good for use by patients with a valid prescription for an eligible product with 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, or other federal or state programs (including any state pharmaceutical assistance programs), or 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.
- Accord Healthcare, Inc. reserves the right to rescind, revoke, or amend this offer without notice. Offer good only in the US, including Puerto Rico, at participating pharmacies. This offer is not valid for residents of any State that restricts access to co-pay assistance programs. 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

**FINGOLIMOD HCL
CAPSULE**

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