

Manufacturer discount program
offered by Dexcel Pharma USA



Nintedanib \$0 Co-Pay Program*

BIN: 610020
GROUP: 99994211
ID: 55911447510

No activation required

*Patient will pay as little as \$0 Co-Pay to assist with the out-of-pocket costs for nintedanib until reaching a maximum benefit of \$18,000 per year (\$1,500 per claim) per year subject to the Terms and Conditions below

Terms and Conditions: Good toward the purchase of nintedanib prescriptions filled with Dexcel Pharma USA product. The Nintedanib \$0 Co-Pay Program provides up to a maximum reimbursement amount of \$18,000 per year (\$1,500 per claim) to assist with the out-of-pocket costs for nintedanib. No substitutions permitted. Not available to patients enrolled in state or federal healthcare programs, including Medicare, Medicaid, Medigap, VA, DoD, or TRICARE and where prohibited by law. Offer only available to patients with private, commercial insurance. Not valid for prescriptions reimbursed in full by any third-party payer. Save this information for reuse with each prescription. May not be combined with any other discount or offer. Program is not valid for patients without commercial insurance paying out-of-pocket. Federal law prohibits the selling, purchasing, trading, or counterfeiting of this card. Void outside the USA and its territories, and where prohibited by law. Dexcel Pharma USA reserves the right to rescind, revoke, or amend this offer at any time without notice. You must be 18 years or older to use this card for yourself or a minor. Patients and pharmacies are responsible for disclosing to insurance carriers the redemption and value of the program and complying with any other conditions imposed by insurance carriers, third-party payers, and applicable law on the redemption. The value of this program is not contingent on any prior or future purchases. This card may not be accepted at all pharmacies. This card is not an insurance program. No membership fees.

To Pharmacist: For Eligible Patients: Process a Coordination of Benefits (COB/ split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit a SECONDARY claim to PDM under BIN: 610020. Commercially insured patients will pay as little as \$0 with a \$18,000 annual maximum limit (\$1,500 per claim). Patient is not eligible if patient is enrolled in a state or federal healthcare program, including Medicare, Medicaid, Medigap, VA, DoD, or TRICARE and where prohibited by law. This offer is for commercially insured patients only. By submitting this card, you are certifying that the patient is eligible and you have not submitted and will not submit a claim for reimbursement under any state or federal healthcare program or where otherwise prohibited by law for this prescription. For questions, please call 1-866-740-8288.

To Patient: Present a valid prescription to the participating Pharmacy for nintedanib. By participating in this program, you are certifying that: (1) you meet the eligibility criteria and have read and will comply with the terms and conditions; (2) you are not enrolled in a state or federal healthcare program; and (3) should you begin receiving prescription benefits from any government-funded program, you will withdraw from this program. For questions, please call 1-866-740-8288.

