



Not actual size.

Your Savings Card is Ready to Use Right Away!*



*[Terms and conditions apply](#). See below.

Instructions for Pharmacists

- Submit transaction using RxBin# 600426.
- For commercially insured patients, input this Savings Card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable patient savings will be displayed in the transaction response. Cash Discount Cards are not valid as primary insurance under this offer.
- Patients with questions about this copay assistance program, including eligibility, should call the Glatiramer Acetate Copay Assistance Program at 1-800-742-1616.

GLATIRAMER ACETATE INJECTION is available by prescription only.

*Eligibility Requirements apply. This copay assistance can be redeemed only by patients or patient guardians who are 18 years of age or older and who are residents of the U.S. or Puerto Rico. Patients must have commercial prescription drug insurance. This copay assistance program is not valid for uninsured patients (but may be used by commercially insured patients without coverage for VIATRIS' Glatiramer Acetate Injection 20mg/mL and/or 40mg/mL) and patients who are covered in whole or in part by any state or federally funded healthcare program, including, but not limited to, any state pharmaceutical assistance program, Medicare (Part D or otherwise), Medicaid, Medigap, VA or DOD, or TRICARE (regardless of whether VIATRIS' Glatiramer Acetate Injection 20mg/mL and/or 40mg/mL is covered by such government program); not valid if the patient is Medicare eligible and enrolled in an employer-sponsored health plan or prescription benefit program for retirees; and not valid if the patient's insurance plan is paying the entire cost of this prescription. This copay assistance program is void outside the U.S. or Puerto Rico or in any state or jurisdiction where prohibited by law, taxed or restricted, and may not be available in all states. This copay assistance program is not health insurance. Mylan Pharmaceuticals Inc., a Viatris Company, reserves the right to amend or end this program at any time without notice. For full terms and conditions, visit www.GlatiramerAcetate.com/savings-card-terms-and-conditions.

Please see Full Prescribing Information, including Boxed WARNING and Medication Guide for [GLATIRAMER ACETATE INJECTION 20 mg/mL](#) or [GLATIRAMER ACETATE INJECTION 40 mg/mL](#).

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