

Zydus Copay Program

Eligible patients who have commercial insurance, pay as little as \$0 copay per prescription*. Maximum value of \$100 for 30-day prescriptions (maximum of 13 fills per year).

Claims Processor: AlphaScrip Pharmacy

Contact Number for Claims Questions: 877-274-3244

BIN #: 610600

Rx PCN #: AS

Group #: 465

Cardholder ID#: 46505121704

The following NDCs are covered under Zydus' Copay Program. Please review full Prescribing Information, including any Medication Guide and Boxed Warning, for additional product information. Information can be found at www.zydususa.com/savings/.

Product	Form	Strength	NDC
Ambrisentan Tablets	Tablet	5mg	70710-1179-03
Ambrisentan Tablets	Tablet	10mg	70710-1180-03
Bosentan Tablets	Tablet	62.5mg	68382-0446-14
Bosentan Tablets	Tablet	125mg	68382-0447-14
Deferasirox Tablets	Tablet	90mg	70710-1275-03
Deferasirox Tablets	Tablet	180mg	70710-1276-03
Deferasirox Tablets	Tablet	360mg	70710-1277-03
Lenalidomide Capsules	Capsule	5mg	70710-1031-07
Lenalidomide Capsules	Capsule	10mg	70710-1032-07
Lenalidomide Capsules	Capsule	15mg	70710-1033-08
Lenalidomide Capsules	Capsule	25mg	70710-1035-08
Vigabatrin Tablets	Tablet	500mg	70710-1287-01

*Individual out-of-pocket costs may vary. Please see following page for eligibility details and program restrictions.

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ELIGIBILITY REQUIREMENTS:

The Zydus patient savings card can only be used by eligible residents of the U.S., Puerto Rico, or U.S. Territories via Registered Pharmacies who dispense Zydus products covered by this program. Product must originate in the U.S. or Puerto Rico, or U.S. Territories. You must be 18 years or older to use the Zydus patient savings card.

The Zydus patient savings card is not insurance and is not intended to substitute for insurance.

Patients are eligible for this savings program if they present a valid prescription for products covered by this program and if they pay through commercial insurance. This offer may not be redeemed for cash and is not insurance. Where third-party reimbursement covers a portion of your prescription, this savings card is valid only for the amount of your actual out-of-pocket expenses, up to the maximum benefit allowed per this program.

The Zydus patient savings card is valid only for patients with commercial insurance and is not valid for prescriptions that are eligible to be reimbursed in whole or in part by Medicare, Medicare Part D, Medicaid (including Medicaid managed care), Medigap, Tricare, VA, DOD, FEHB, Puerto Rico Government Health Insurance Plan (“Healthcare Reform”), or any other federal or state-funded healthcare benefit program (collectively “Government Programs”); or by commercial plans or other health or pharmacy benefit programs that reimburse for the entire cost of the prescription drugs.

Medicare Part D Enrollees who are in the prescription drug coverage gap (the “donut hole”) are not eligible for the Zydus patient savings card. Patients who begin receiving prescription benefits from Government Programs at any time will no longer be eligible to use the Zydus patient savings card. Void where prohibited by law, taxed, or restricted.

Patient, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the patient through the offer. Both patient and pharmacist are each individually responsible for reporting receipt of the Zydus patients savings card benefit to any insurer, health plan, or other third party who pays for, or reimburses, any part of the prescription filled using the Zydus patient savings card, as required. It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the Zydus patient savings card.

This offer is not transferrable. No substitutions are permitted. The offer cannot be combined with any other coupon, free trial, discount, prescription savings card, or other offer. Void where prohibited by law, taxed, or restricted. Zydus Pharmaceuticals reserves the right to rescind, revoke, or amend this program without notice, at any time, and at its sole discretion.

This offer is only valid for the following Zydus Pharmaceuticals generic products:

- Ambrisentan tablets 5 and 10mg
- Bosentan tablets 62.5 and 125mg
- Deferasirox tablets 90, 180, and 360mg
- Lenalidomide capsules 5, 10, 15, 25mg
- Vigabatrin tablets 500mg