Zydus Copay Program

Eligible patients who have commercial insurance may pay as little as $0 out of pocket per prescription*. Maximum value per prescription and annual fill limits apply.

The following NDCs are covered under the below 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/.

Claims Processor: AlphaScrip Pharmacy

Contact Number for Claims Questions: 877-274-3244

BIN #: 610600 **Rx PCN #:** AS

Group #: 465 **Cardholder ID#:** 46505121704

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
Bosentan Tablets for Oral Suspension	Tablet for Suspension	32mg	70710-1508-08
Dasatinib Tablets	Tablet	20mg	70710-1741-06
Dasatinib Tablets	Tablet	50mg	70710-1742-06
Dasatinib Tablets	Tablet	70mg	70710-1743-06
Dasatinib Tablets	Tablet	80mg	70710-1744-03
Dasatinib Tablets	Tablet	100mg	70710-1745-03
Dasatinib Tablets	Tablet	140mg	70710-1746-03
Deflazacort Oral Suspension	Oral Suspension	22.75mg/mL	70710-2007-03
Deflazacort Tablets	Tablet	6mg	70710-2051-01
Deflazacort Tablets	Tablet	18mg	70710-2052-03
Deflazacort Tablets	Tablet	30mg	70710-2053-03
Deflazacort Tablets	Tablet	36mg	70710-2054-03
Eltrombopag Olamine Tablets	Tablet	12.5mg	70710-1395-03
Eltrombopag Olamine Tablets	Tablet	25mg	70710-1396-03
Eltrombopag Olamine Tablets	Tablet	50mg	70710-1397-03
Eltrombopag Olamine Tablets	Tablet	75mg	70710-1398-03
Glatiramer Acetate Injection	Pre-Filled Syringe	20mg/mL	70710-1548-09
Glatiramer Acetate Injection	Pre-Filled Syringe	40mg/mL	70710-1549-06
Lenalidomide Capsules	Capsule	2.5mg	70710-1030-07
Lenalidomide Capsules	Capsule	5mg	70710-1031-07
Lenalidomide Capsules	Capsule	10mg	70710-1032-07
Lenalidomide Capsules	Capsule	15mg	70710-1033-08

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

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Product	Form	Strength	NDC
Lenalidomide Capsules	Capsule	20mg	70710-1034-08
Lenalidomide Capsules	Capsule	25mg	70710-1035-08
Miglustat Capsules	Capsule	100mg	70710-2039-08
Riociguat Tablets	Tablet	0.5mg	70710-2156-09
Riociguat Tablets	Tablet	1mg	70710-2157-09
Riociguat Tablets	Tablet	1.5mg	70710-2158-09
Riociguat Tablets	Tablet	2mg	70710-2159-09
Riociguat Tablets	Tablet	2.5mg	70710-2160-09
Teriflunomide Tablets	Tablet	7mg	70710-1114-03
Teriflunomide Tablets	Tablet	14mg	70710-1115-03
Tofacitinib Extended-Release Tablets	ER Tablet	11mg	70710-1353-03
Tofacitinib Extended-Release Tablets	ER Tablet	22mg	70710-1727-03
Tofacitinib Tablets	Tablet	5mg	70710-1243-06
Tofacitinib Tablets	Tablet	10mg	70710-1589-06

The following NDCs are covered under the below 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/.

Claims Processor: AlphaScrip Pharmacy

Contact Number for Claims Questions: 877-274-3244

BIN #: 610600 **Rx PCN #:** AS

Group #: 478 **Cardholder ID#:** 47800065714

Product	Form	Strength	NDC
Jaythari (Deflazacort) Oral Suspension	Oral Suspension	22.75mg/mL	70710-2131-03
Jaythari (Deflazacort) Tablets	Tablet	6mg	70710-1749-01
Jaythari (Deflazacort) Tablets	Tablet	18mg	70710-1750-03
Jaythari (Deflazacort) Tablets	Tablet	30mg	70710-1751-03
Jaythari (Deflazacort) Tablets	Tablet	36mg	70710-1752-03

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ELIGIBILITY REQUIREMENTS:

The Zydus patient savings program 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 program.

The Zydus patient savings program 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 program 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 program 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 program. Patients who begin receiving prescription benefits from Government Programs at any time will no longer be eligible to use the Zydus patient savings program.

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 program 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 program, as required. It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the Zydus patient savings program.

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 5mg and 10mg
- Bosentan Tablets 62.5mg and 125mg
- Bosentan Tablets for Oral Suspension 32mg
- Dasatinib Tablets 20mg, 50mg, 70mg, 80mg, 100mg, and 140mg
- Deflazacort Oral Suspension 22.75mg/mL
- Deflazacort Tablets 6mg, 18mg, 30mg, and 36mg
- Eltrombopag Olamine Tablets 12.5mg, 25mg, 50mg, 75mg
- Glatiramer Acetate Injection 20mg/mL and 40mg/mL
- Jaythari (Deflazacort) Oral Suspension 22.75mg/mL
- Jaythari (Deflazacort) Tablets 6mg, 18mg, 30mg, and 36mg
- Lenalidomide Capsules 2.5mg, 5mg, 10mg, 15mg, 20mg, and 25mg
- Miglustat Capsules 100mg
- Riociguat Tablets 0.5mg, 1mg, 1.5mg, 2mg, 2.5mg
- Teriflunomide Tablets 7mg and 14mg
- Tofacitinib Extended-Release Tablets 11mg and 22mg
- Tofacitinib Tablets 5mg and 10mg

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