Pirfenidone Copay Savings

Exclusively for Amneal-labeled Pirfenidone Tablets & Capsules:

- NDC: 60219-1640-08 267mg
- NDC: 60219-1641-09 801mg
- NDC: 60219-1642-07 267mg

Here's how the Pirfenidone Copay Card works:

1. Present this card or BIN, Group and ID numbers to your pharmacist along with a valid prescription.
2. Eligible, commercially insured patients may receive up to $50* off their out-of-pocket cost for Amneal Pirfenidone Tablets or Capsules monthly prescription.
3. If you have any questions, please feel free to call 330-757-8402.

Save up to $50* for each prescription **of Amneal Pirfenidone**

BIN: 610020 **GROUP:** 99995012
PCN: ACR **ID:** 45266800201

See Eligibility and Terms below.
*Max benefit of $50 per monthly prescription fill.

Amneal

To Patient: Commercially insured patients can use this copay card to reduce out-of-pocket expenses on eligible prescriptions filled with Amneal Pirfenidone Tablets or Capsules. Mention this offer to your pharmacy along with a valid pirfenidone prescription for an FDA-approved use. This offer is valid for a maximum savings of $50 per monthly prescription fill, and $600 per calendar year. By using this offer, you acknowledge that you meet the Eligibility Criteria and will comply with the Terms and Conditions set forth below.

To Pharmacist: Offer valid for SECONDARY claims only. Process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit the SECONDARY claim to PDMI under BIN: 610020. Patient will receive a maximum of $50 off per monthly prescription fill for their out-of-pocket cost.
For pharmacy processing questions, please call 330-757-8402.

Eligibility Criteria/Terms & Conditions:

1. 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.
2. 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.
3. Maximum savings limit applies; patient out-of-pocket expense may vary. Offer applies only to prescriptions filled before the program expires.
4. Amneal Pharmaceuticals LLC reserves the right to rescind, revoke, or amend this offer without notice. Offer good only in the USA, including Puerto Rico, at participating pharmacies. This offer is not valid for residents of Massachusetts. Void if prohibited by law, taxed, or restricted.
5. 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.
6. 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.

*Max benefit of $50 per monthly prescription fill and $600 per calendar year

Amneal

Please see accompanying full Prescribing Information or visit amneal.com/pirfenidone.