



Pirfenidone Tablets

267 mg NDC 42385-924-99

534 mg NDC 42385-925-90

801 mg NDC 42385-926-90

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| RxBin: | 610600 |
| PCN: | AS |
| RxGroup: | 213 |
| ID# | 21302517098 |

The Laurus Labs Co-pay Program includes this co-pay card with a limit of \$25 per 30-day supply prescription. Patient is responsible for any costs over \$25.

- This offer is only available to patients with private insurance. The program is not available for patients who: (i) are enrolled in Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program; (ii) are not using coverage at all; (iii) are enrolled in an insurance plan that reimburses for the entire cost of the drug; or (iv) where product is not covered by patient's insurance.
- The value of this program is exclusively for the benefit of patients and is intended to be credited toward patient out-of-pocket obligations, including applicable copayments, coinsurance, and deductibles.
- Proof of purchase may be required.
- Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account.
- Patient is responsible for complying with any applicable limitations and requirements of his/her health plan related to the use of the program.
- Program is not valid where prohibited by law. Valid only in the United States and Puerto Rico.
- This program is not health insurance. This program may not be combined with any third-party rebate, coupon, offer, or cash discount card.
- Laurus Labs reserves the right to rescind, revoke, or amend the program and discontinue support at any time without notice.

Patient Instructions:

Present this card and your insurance card along with a valid prescription at any participating pharmacy or through mail order. This co-pay card will cover up to \$25 or your out of pocket costs, If patient reaches the maximum per day 30-day prescription of \$25, patient will be responsible for the difference.

When you use this card, you are certifying that you understand and agree to comply with the program Terms and Conditions above.

Pharmacies needing assistance in processing this copay card, call our pharmacy help desk at [1-877-274-3244](tel:1-877-274-3244).