



2 Sizes for Convenient Dosing

Eligible insured patients pay as little as

90g tube **\$25\*** 225g airless pump

Insured not covered pay as little as \$50

No Activation Required

\*Restrictions and maximum benefits may apply.

Patients without prescription coverage see reverse side for details.

90g tube 225g airless pump

Eligible insured patients pay as little as \$25\*



RxBIN: 601341 RxPCN: OHCP RxGrp: OH6901021

RxID: 131106145124 Suf: 01

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See back for program rules and eligibility requirements.



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You also may redeem this offer by mail if eligible.

- On the original pharmacy receipt, circle the product name, date, your name and amount paid. Cash register receipt NOT accepted.
- Visit the Patient Support section of [www.opushealth.com](http://www.opushealth.com) to obtain a mail-in form. Mail the completed form, your pharmacy receipt, and a copy of this EpiCeram® Patient Copy Card to the address on the mail-in form – attention to: EpiCeram® Patient Copy Card Savings Program. Please allow 2-4 weeks for delivery of your rebate check.

### Uninsured or cash paying patients:

For cost savings please call 844-327-3791 to fill prescription

**TO PATIENT:** Insured Patients: Present this copy card with your prescription for EpiCeram® and pay as little as \$25 for the 90g tube or 225g airless pump. Restrictions and maximum benefits may apply. Insured Patients Whose Insurance Does Not Cover EpiCeram®: Present this card with your prescription for EpiCeram® and pay as little as \$50 for the 90g tube or 225g pump. Actual payment will depend on individual insurance coverage. Restrictions and maximum benefits may apply. **Uninsured patients: Present this card with your EpiCeram® prescription and pay the out-of-pocket cost as determined by your pharmacy or call 844-327-3791 for lowest price.** Restrictions and maximum benefits may apply.

Please visit [www.epiceram-us.com](http://www.epiceram-us.com) for more details. For other questions, please call 1-855-891-5426.

**TO PHARMACIST:** Insured Patients: Process the claim using the patient's prescription insurance for the primary claim. Once adjudicated to the primary insurance, please process a Secondary Claim (COB) to Opus using BIN 601341 and Other Coverage Code 8. If the primary insurer has denied the claim, please process a Secondary Claim to Opus using BIN 601341 and other Coverage Code 3. Uninsured Patients: Process copy card as a primary claim to OPUS Health using BIN 601341. Additional Information: Attempting to process a claim for an insured patient using other Coverage Code 0 or 1 will result in a rejection, and instruct you to resubmit using the correct Other Coverage Code as detailed above. For patients needing to meet an insurance deductible, process as an Insured Patient by submitting a Secondary Claim to Opus using BIN 601341 and other Coverage Code 8. **Questions? Processing Issues? Call Opus Health 1-800-364-4767.**

**Hours: 8AM to 8PM Eastern Standard Time.**

**ELIGIBILITY AND RESTRICTIONS:** Offer not valid for prescriptions covered and reimbursed under federally funded health care programs, including Medicaid or Tricare, as well as similar state programs, including any state medical assistance programs. Offer also not valid for private insurance plans that reimburse you for the entire cost of your prescription drugs. Offer void where prohibited by law, taxes or restricted. Offer good only in the USA. PuraCap® Pharmaceutical LLC and OPUS Health reserve the right to rescind, revoke or amend this offer without notice. This offer cannot be combined with any other rebate, coupon, free trial or similar offer.

OpusHealth

