



3 Sizes For Convenient Dosing

No Activation Required

Restrictions and maximum benefits may apply.



Eligible insured patients pay as little as

\$25*

90g Tube
225g Airless Pump

*see back for program rules and eligibility requirements.

OpusHealth™

RxBIN:	601341
RxPCN:	OHCP
RxGrp:	OH6901021
RxID:	131107958541
Suf:	01



Eligible insured patients pay as little as

\$40*

400g Quad Pack

*see back for program rules and eligibility requirements.

**Insured not covered or cash paying patients:
please call 844-327-3791 to fill prescription**

OpusHealth™

RxBIN:	601341
RxPCN:	OHCP
RxGrp:	OH6901021
RxID:	131107958541
Suf:	01



3 Sizes For Convenient Dosing

You may also redeem this offer by mail if eligible. Visit the Patient Support section of www.opushealth.com to obtain a mail-in form and instructions.

Insured not covered or cash paying patients: For cost savings please call 844-327-3791 to fill prescription

90g tube 225g airless pump

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 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. 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.**

ELIGIBILITY AND RESTRICTIONS: Offer not valid for prescriptions covered, in whole or in part, 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™



400g Quad Pack

TO PATIENT: Insured Patients: Present this copy card with your prescription for EpiCeram® and pay as little as \$40 of your out-of-pocket expense. Restrictions and maximum benefits may apply. Insured Patients Whose Insurance Does Not Cover EpiCeram® and Uninsured Patients: **You must call 844-327-3791 to receive the lowest price.** Restrictions and maximum benefits may apply. Please visit 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.

Uninsured Patients: This coupon will not be valid at retail pharmacies. Patient must call 844-327-3791 to fill prescription. 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.**

ELIGIBILITY AND RESTRICTIONS: Offer not valid for prescriptions covered, in whole or in part, 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™

