

Use this offer to save up to \$400 per month or \$4,800 annually*

Step 1

Start saving immediately by taking this offer with your KALETRA prescription to your pharmacist.

Step 2

Keep this offer and get instant savings every time you refill a KALETRA prescription.

This offer may only be used one time every 30 days.

KALETRA[®] SAVINGS CARD

Save up to

\$400 per month*

OPUSHEALTH[™]

BILL PRIMARY INSURANCE FIRST
INSURED PATIENTS ONLY

RxBIN: 601341
RxPCN: OHCP
RxGrp: OH9012011
RxID: B02100136186
Suf: 01

To learn more, visit KALETRA.com

*Up to \$400/mo with a \$4,800/yr maximum benefit for eligible patients.

***ELIGIBILITY:**

Available to patients with commercial prescription insurance coverage for KALETRA who meet eligibility criteria. Copay assistance program is not available to patients receiving prescription reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare [including Part D], Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs) or where prohibited by law or by the patient's health insurance provider. If at any time a patient begins receiving prescription drug coverage under any such federal, state, or government-funded healthcare program, patient will no longer be able to use the KALETRA Savings Card and patient must call OPUS Health at 800.364.4767 to stop participation. Patients residing in or receiving treatment in certain states may not be eligible. Patients may not seek reimbursement for value received from the KALETRA Savings Program from any third-party payers. Offer subject to change or discontinuance without notice. Restrictions, including monthly maximums, may apply. This is not health insurance. Please see full Terms and Conditions.

TERMS AND CONDITIONS:

Patient instructions:

- Present this KALETRA Savings offer along with your insurance card to receive discounts when presenting your prescription
- Save up to \$400 a month on qualified prescriptions
- Some mail-order pharmacies may have other requirements
- Please contact your mail-order pharmacist for redemption instructions

Pharmacist instructions:

- Submit the copay card authorized for all commercially insured patients by the patient's primary insurance as a secondary transaction to OPUS Health.
- When you use this card, you are confirming that you have not submitted and will not submit a claim for this prescription for reimbursement under any federal, state or government-funded healthcare program, such as Medicare (including Part D), Medicare Advantage, Medicaid, Medigap, Veterans Affairs, the Department of Defense or TRICARE.
- Pharmacists with questions please call OPUS Health at 800.364.4767.