

## Use this offer to save up to \$400 per month or \$4,800 annually<sup>†</sup>

### 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<sup>®</sup> SAVINGS PROGRAM**

Save up to  
**\$400** per month\*

**OPUSHEALTH<sup>™</sup>**  
BILL PRIMARY INSURANCE FIRST  
INSURED PATIENTS ONLY

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

To learn more, visit [KALETRA.com](http://KALETRA.com)

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

**KALETRA<sup>®</sup>**  
(lopinavir/ritonavir)

### ELIGIBILITY RESTRICTIONS:

This discount is the property of AbbVie Inc. and must be surrendered on demand.

<sup>†</sup>Eligibility: Offer not valid in Massachusetts. Available to patients with commercial prescription insurance coverage for KALETRA. Co-pay assistance program is not available to patients receiving prescription reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs) or where prohibited by law. Patients may not seek reimbursement for value received from the KALETRA Savings Offer from any third-party payers. Offer subject to change or discontinuance without notice. Restrictions, including monthly maximums, may apply. **This is not health insurance.**

### 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:

- This offer must be accompanied by a valid prescription for KALETRA
- Submit the co-pay authorized by the patient's primary insurance as a secondary transaction to OPUS Health
- Pharmacists with questions can call OPUS Health at 1-800-364-4767

This card is the property of AbbVie Inc. and OPUS Health and must be returned upon request. Both parties retain the right to rescind, revoke, or amend this program without notice.

This offer may be changed or discontinued without notice.