OPUSHEALTH™

COPAY ASSISTANCE CARD PLAN ANNOUNCEMENT – CHANGE ALERT
HUMIRA® (*adalimumab*)

- **Processor:**   OPUS Health
- **BIN / PCN:**   601341 / OHCP
- **Group Numbers:**   OH9003281,OH9003291, OH9003301, OH9003311, OH9003321, OH9003421, OH9003461, OH9003541, OH9003631, OH9003601, OH9003711
- **Eligibility:**   Insured & Cash Patients
- **Cardholder ID:**   Use 12 digit Rx ID number as it appears on card.
- **Person Code:**   Use 2 digit suffix code as it appears on card.
- **Submission Version:**   D.0 only
- **Copayment:**   Assistance up to $2,100.00 on first fill, after the patient pays the first $5.00. Remaining dispensing up to $500.00
- **Reimbursement :**   Reduction amount + Pharmacy Professional Fee
- **Mfg. / Program:**   Abbott Laboratories – HUMIRA® Protection Plan - Dermatology
- **Program Dates:**   Program effective through 12/31/2013
- **Plan Limitations:**   Card valid one year from activation date. Renewable.

- **Product Coverage**

Product	NDC	Product	NDC
Humira Pen	00074-4339-02	**20 mg Syringe**	00074-9374-02
Prefill Syringe	00074-3799-02	**Psoriasis Starter Kit**	00074-4339-07

PROVIDER AND MEMBER SERVICES

This is a copay program. It may be used to reduce the patient's amount due on a prescription where permitted by law. The card can be processed electronically or the patient can mail it in for reimbursement using a form available from OPUS Health. This offer is not valid for prescriptions covered under Medicaid, Medicare or any other public payer programs. Submit the claim to the patient's primary insurance first, then submit the copay authorized as a secondary transaction to OPUS Health. For patients without insurance, submit the claim at U&C. For questions regarding electronic claim status or related member services such as eligibility, plan coverage information, or provider enrollment, please call **OPUSHealth** at: **(800) 364-4767**.

Payor Sheet and other documentation, including test data for certification testing, can be found at: www.opushealth.com/certificationtesting.