

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.

HUMIRA PROTECTION PLAN
 Helping Patients Access HUMIRA



1.800.4HUMIRA

Please see Important Safety Information, and accompanying full Prescribing Information, including Medication Guide, in brochure.

OPUSHEALTH™

RxBIN: 601341
 RxPCN: OHCP
 RxGrp: OH9003281
 RxID: 000000000000
 Suf: 01

Patient Instructions:
 This is a patient discount program. Patients must enroll in the HPP program to receive discounts. To enroll in the HPP program call **1.800.4HUMIRA** between 8 AM and 8 PM EST, Monday through Friday. Following enrollment, present this card to your pharmacist along with your prescription for processing. Eligible discounts will be applied after your initial minimum payment. For questions (or if your pharmacy does not accept this card), please call **1.800.4HUMIRA**.

Pharmacist Instructions:
 Please submit the co-pay authorized by the patient’s primary insurance as a secondary transaction to OPUS Health or, for self-pay patients, submit the claim as U&C. You will receive a professional fee from OPUS Health with your next remittance. For pharmacist questions, please call OPUS Health at: **1.800.364.4767**.

This card is the property of Abbott Laboratories, and must be surrendered upon demand. This card is not valid for persons eligible for reimbursement of this product, in whole or in part, under Medicare Part D, Medicare Advantage, Medicaid, or similar federal or state programs, or in Massachusetts. Offer also void where prohibited by law. Program may be discontinued at any time without notice.

Please see Important Safety Information, and accompanying full Prescribing Information, including Medication Guide, in brochure.

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