

ORTIKOS[®]
(budesonide)
extended-release
capsules 6 mg | 9 mg

Commercially insured patients may

Pay as
little as \$ **10***

For commercially insured patients only. Patient out-of-pocket subject to maximum benefit allowed plus applicable sales tax.

*Terms and conditions apply.

By redeeming this offer, you certify that you are not enrolled in Medicaid, Medicare, TRICARE, or any state or federal healthcare program (including any state prescription drug programs) and that you have not sought, nor will you seek, reimbursement or compensation from any such program for all or any part of this prescription.

Utilize the information below when submitting a claim to OPUS Health:

Bin: 601341

PCN: OHCP

GRP: OH1604011

ID# K23100314966

By redeeming this offer, you certify that you are not enrolled in Medicaid, Medicare, TRICARE, or any state or federal healthcare program (including any state prescription drug programs) and that you have not sought, nor will you seek, reimbursement or compensation from any such program for all or any part of this prescription.

Restrictions apply. See program rules and eligibility requirements below. Patients with Commercial Insurance may pay as little as \$10 per prescription filled. Ferring will pay up to a maximum benefit of \$100 per prescription, however, you could have additional financial responsibilities depending on your insurance coverage (plus applicable sales tax). When you fill your prescription for Ortikos (budesonide extended-release capsules) present the coupon to the pharmacist to receive your discount.

Please see full prescribing information at www.ORTIKOS.com.

ELIGIBILITY CRITERIA: This card is not valid for prescriptions submitted for reimbursement to Medicare, Medicaid, other federal or state programs (including any state pharmaceutical assistance programs), or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (i.e., they are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). This card is good for use only with a valid ORTIKOS prescription at the time the prescription is filled by the pharmacist and dispensed to the patient. Offer good only in the USA at participating retail pharmacies. Void if prohibited by law. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. This card is good for 12 prescription fills or until program expires, whichever comes first. Ferring Pharmaceuticals Inc. and OPUS Health reserves the right to rescind, revoke, or amend this offer without notice. By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer. EXPIRES 12/31/2022

RETAILER: This coupon is only good for ORTIKOS. Generic substitutions are not valid on this coupon. I certify that my participation in the program is in compliance with all applicable state laws, and my obligations, contractual or otherwise, that I have as a pharmacy provider. I also agree to retain the coupon for three (3) years or as otherwise required by law, whichever is longer, and to grant Ferring Pharmaceuticals the right to audit any of my submissions.

INFORMATION TO THE PHARMACISTS: EXPIRES 12/31/2022. By submitting a transaction to OPUS Health, you are agreeing with these eligibility criteria, terms and conditions.

TO THE PHARMACISTS: EXPIRES 12/31/2022. By submitting a transaction to OPUS Health, you are agreeing with these eligibility criteria, terms and conditions.

TO THE PATIENT: Present this coupon to your participating pharmacist along with your insurance card, if applicable, and a valid prescription for ORTIKOS. Patients with questions, please call 1-833-277-7538.

Administered by OPUS Health
www.ORTIKOS.com



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