

Starting on TASIGNA? Begin With Savings

1 MONTH FREE TRIAL RIGHT FROM THE START.

OpusHealth[®]



BIN# 601341 PCN# OHS GRP# OH7110

GRP# OH7116501 **ID#** G38101680315

1 Month FRFF Trial Voucher Terms & Conditions

No purchase required. This free trial is not health insurance. Void where prohibited by law. Product dispensed pursuant to terms and conditions of the voucher. Claim shall not be submitted to any public or private third-party payer of any federal or state healthcare program for reimbursement. Valid only in the US and Puerto Rico. Offer not valid if reproduced or submitted to any other payer. Prescriber ID# required on prescription. It is itlegal for any person to sell, purchase or trade, or offer to sell, purchase or trade, or to counterfeit this voucher. Pharmacist Instructions: This voucher must accompany a valid prescription. No substitutions permitted. Please dispense at no cost to the patient. For reimbursement, please submit this offer as a primary claim to OPUS Health using BIN# 601341. Do not submit to any other payer, public or private. The information printed on the reverse side should be used when submitting for reimbursement. For questions, please call the Help Desk at 1-800-364-4767. This voucher is the property of Novartis and IQVIA and must be returned upon request. Both parties reserve the right to rescind, revoke, or amend this program without notice.

Please click here for full Prescribing Information, including the **Boxed WARNING**, and Medication Guide



OpusHealth^{*}