



Opzelura™

(ruxolitinib) cream 1.5%

FILL YOUR PRESCRIPTION FOR OPZELURA TODAY

CONGRATULATIONS!

Your copay savings card for OPZELURA™ (ruxolitinib) cream is now activated and ready for use.

- Please print this document or save it to your mobile phone
- Show the document to your pharmacist when you fill your prescription for OPZELURA
- Save the document to use with future refills

If you have questions about the copay savings card for OPZELURA, or if you need additional reimbursement support, IncyteCARES may be able to help.† Please call **1-800-583-6964** Monday through Friday, 8 AM–8 PM ET to speak with an IncyteCARES representative, or visit [incytecares.com/opzelura](https://www.incytecares.com/opzelura) for more information.

By using this card, you agree to the full Terms and Conditions of this offer on the next page.

Please see Full [Prescribing Information](#), including [Boxed Warning](#), and [Medication Guide](#) at [opzelura.com](https://www.opzelura.com).

BIN:

PCN:

GRP:

Member ID:

Eligible patients with commercial insurance may

**PAY AS
LITTLE AS**

\$0*

**PER TUBE
FOR OPZELURA**



For Pharmacists:

For patients with commercial insurance, submit the claim to the primary Third Party Payer first, then submit the balance due to Change Healthcare as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code (eg, 8). The patient may pay as little as \$0 per tube, and individual savings is limited to \$1,755.00/tube or \$10,000 per calendar year. Reimbursement will be received from Change Healthcare. **For questions regarding online processing, please call the Help Desk at 1-800-433-4893.**

*Eligibility required. For use only with commercial prescription insurance. The card may not be used if you are enrolled in a government-funded prescription insurance program or if you pay cash for your prescription. Individual out-of-pocket cost may vary. A maximum benefit per tube and per calendar year apply. Must be used for an FDA-approved indication. Review additional Terms and Conditions by visiting [opzelura.com](https://www.opzelura.com) and selecting your condition.

†IncyteCARES is a patient support program that provides reimbursement assistance, financial support, and ongoing education to eligible patients prescribed OPZELURA.

COPAY SAVINGS CARD FOR OPZELURA TERMS AND CONDITIONS

By using the copay savings card for OPZELURA, you acknowledge that you currently meet the eligibility criteria and will comply with the Terms and Conditions described below:

- You are not eligible to use this copay savings card if you are enrolled in a state or federally funded prescription insurance program, including, but not limited to, Medicare, Medicaid, TRICARE, Veterans Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico (formerly known as “La Reforma de Salud”)
- You must have commercial insurance. Offer is not valid for cash-paying patients
- By using this copay savings card at participating pharmacies, eligible patients with commercial prescription drug insurance coverage for OPZELURA may pay as little as \$0 per tube
- Individual out-of-pocket cost may vary based on the price at the pharmacy
- The maximum benefit per tube is limited to \$1,755.00/tube
- Individual patient savings are limited to \$10,000 in maximum total savings per calendar year
- This copay savings card is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your commercial insurance plan or any other health or pharmacy benefit program
- You agree that neither you nor your guardian, pharmacist, or doctor will seek any third-party reimbursement for the value of the copay savings you receive under this offer
- You are responsible for reporting use of the copay savings card to any commercial insurer, health plan, or other third party that pays for or reimburses any part of the prescription filled using the copay savings card, as may be required. You should not use the copay savings card if your insurer or health plan prohibits use of manufacturer copay cards
- This copay savings card is not valid where prohibited by law
- This copay savings card cannot be combined with any other savings, free trial, or similar offer for the specified prescription
- This copay savings card will be accepted only at participating pharmacies
- This copay savings card is not health insurance
- Offer good only in the U.S. and Puerto Rico
- The copay savings card benefit may not be redeemed more than once per 25 days per patient
- Offer valid only for an FDA-approved use
- No other purchase is necessary
- Data related to your redemption of the copay savings card may be collected, analyzed, and shared with Incyte or its affiliates for market research and other purposes related to assessing Incyte’s programs.
- By enrolling in this copay savings program, I acknowledge that Incyte may use my information and share it with providers or my insurance plan in connection with providing copay savings support and for the other purposes related to the copay savings program. Incyte may also share my information with its subsidiaries, affiliates, representatives, agents, and contractors. Incyte may also de-identify my information and use the de-identified information for Incyte’s business purposes.

Offer expires December 31, 2023. Incyte reserves the right to rescind, revoke, or amend this offer at any time without notice.



For questions or additional support call 1-800-583-6964 or write to IncyteCARES for OPZELURA at 6000 Park Lane, Pittsburgh, PA 15275.

Please see Full [Prescribing Information](#), including [Boxed Warning](#), and [Medication Guide](#) at [opzelura.com](https://www.opzelura.com).



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