

INSTANT SAVINGS!

Up to
\$75 OFF*

OPUSHEALTH™
BILL PRIMARY INSURANCE FIRST
INSURED PATIENTS ONLY

RxBIN: 601341
RxPCN: OHCP
RxGrp: OH9001121
RxID: 436100100838
Suf: 01

*After initial \$5 co-payment by eligible insured patients.

Use this card every time you fill your Depakote prescription.

Depakote®
—divalproex sodium
Delayed-Release Tablets

Depakote®ER
—divalproex sodium
Extended-Release Tablets

Depakote®
—divalproex sodium
Sprinkle Capsules
Coated Particles in Capsules

It's Easy! Start Saving Today.*

You are invited to use this printable Depakote Co-Pay Card to save money on your Depakote, Depakote ER, or Depakote Sprinkle Capsules prescriptions.*

* See eligibility restrictions below.

STEP 1.

Take this print out with your prescription for Depakote/ER/Sprinkle Capsules to your pharmacist and start saving immediately!

STEP 2.

Present this printed Co-Pay Card each time you fill a Depakote/ER/Sprinkle Capsules prescription for instant savings. This card can be used multiple times (up to 2 uses per month).

When filling a prescription for Depakote/ER/Sprinkle Capsules, make sure your pills look like those shown below. If not, call your doctor or talk to your pharmacist.



The label on the prescription bottle must say Depakote and the manufacturer must be listed as Abbott for the medication to be the Depakote brand



Check the label on your prescription bottle to be sure it says Depakote/ER/Sprinkle Capsules.

If this is a refill prescription, make sure that the pills match in color, size and shape to your previous prescription.

Patient Instructions:

Present this printable version of the Depakote/ER/Sprinkle Capsules Co-Pay Card along with your insurance card when presenting your prescription in order to receive discounts. You pay the first \$5 of your co-payment on qualified prescriptions and the discount covers up to the next \$75 off of your remaining co-pay expenses. This print out is valid for up to 2 uses per month. This is also valid at mail-order pharmacies, yet they may have different requirements. Please contact your mail-order pharmacist for redemption instructions.

Pharmacist Instructions:

Please submit the co-pay authorized by the patient's primary insurance as a secondary transaction to OPUS Health. Pharmacist questions, please call OPUS Health at: **1-800-364-4767**.

This offer may be changed or discontinued without notice.

*Eligibility Restrictions:

This downloadable discount is the property of Abbott Laboratories and must be surrendered upon demand. **This is not valid for persons eligible for reimbursement of this product, in whole or in part, under Medicare, Medicaid or similar federal or state programs or in Massachusetts. Offer void where prohibited by law.**

Please see Uses and Important Safety Information, including risk of liver problems, pancreas problems and birth defects at <http://www.DepakoteER.com>.

Full Prescribing Information available at <http://www.DepakoteER.com/prescribing-information.cfm>.

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