SAVINGS OFFER

Combipatch®
(estradiol/norethindrone acetate transdermal system)
0.05/0.14, 0.05/0.25 mg per day

CASH-PAYING PATIENTS RECEIVE

$75 OFF* on each prescription for up to 12 prescriptions

Combipatch®
(estradiol/norethindrone acetate transdermal system)
0.05/0.14, 0.05/0.25 mg per day

BIN# 637765
PCN# CRX
GRP# NOVN1001
ID# 43745961801

Cash-paying patients. Other terms and conditions may apply.
*See full program terms and conditions below.

Print this offer or save the file on your mobile phone and take it to the pharmacy each time you fill your prescription.

Please **click here** for Full Prescribing Information, including the BOXED WARNING and Medication Guide.

This savings offer is valid for cash-paying patients. This offer is not insurance. It is not valid for prescriptions covered by or submitted for reimbursement in whole or in part under Medicaid, Medicare, or other state or federal healthcare programs, including any state medical pharmacy assistance program.

Patient Offer:

- Cash-paying patients receive $75 off their **COMBIPATCH (estradiol/norethindrone acetate transdermal system)** prescription.
- Offer valid for up to 12 prescriptions per year; offer limited to 1 use per month

Patient Eligibility & Instructions:

- Must be a U.S. resident, and must not be eligible for reimbursement in whole or in part by any federal or state funded programs
- Must bring this offer with you to your pharmacy with a valid prescription each time you fill
- By using this offer you acknowledge that you meet the eligibility criteria outlined in this offer and will comply with these terms and conditions

For copay assistance support or questions, please call **1-833-483-2178**.

Pharmacist: When applying this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other government programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described below.

Pharmacist Instructions for Cash-Paying Patients:

- Submit this claim using the copay card as the primary payer using a valid Other Coverage Code (e.g., 1)
- Patients receive $75 off their COMBIPATCH prescription

For any questions regarding copay card online processing, please call the Help Desk at **1-833-483-2178**.

***Terms and Conditions:** This program provides non-government copay assistance with out-of-pocket costs for eligible patients. Offer may only be used by eligible residents of the U.S. at participating pharmacies and may not be redeemed at government-subsidized clinics. Patient age or insurance restrictions may apply.

Offer is not transferable. No substitutions are permitted. Offer eligible only with valid prescription, has no cash value, and cannot be combined with any free trial, discount, prescription savings card, or other offer. This offer is not insurance. This copay savings offer is only valid for cash-paying patients. It is not valid for prescriptions eligible to be reimbursed in whole or in part by Medicaid, Medicare (including Medicare Advantage and Part D plans), or any other federally or state funded healthcare benefit program, or by commercial plans or other health or pharmacy benefit programs that reimburse for entire cost of the prescription drug or prohibit offer's use. Medicare Part D enrollees who are in the prescription drug coverage gap are not eligible for offer. Void where prohibited. It is illegal to sell, purchase, trade, or counterfeit the offer.

Patient, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by patient through the offer. Certain information pertaining to use of the offer will be shared with Noven Pharmaceuticals, Inc., the sponsor of the offer, and its affiliates. The information disclosed will include the patient copay ID, pharmacy demographics, prescriber information, and details relating to the claim, such as copay amount, insurance details, and therapy received. For more information, please see the Noven Pharmaceuticals, Inc. Privacy Policy, located at https://www.noven.com/privacy-policy/.

Noven Pharmaceuticals, Inc. reserves the right to rescind, revoke, or amend the offer at any time without notice.

For product questions, please call 1-800-455-8070.

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