



Pay as **\$15**
little as
on each prescription*

Valid for up to a total of 12 prescriptions.

Powered by:
CHANGE HEALTHCARE
BIN# 004682
PCN# CN
GRP# EC62002010
ID# 29108552495

***See full program terms and conditions including max benefit below.**
Print this offer or save the file to your mobile phone and bring to the pharmacy each time you fill your prescription.

This copay savings card is only valid for commercially insured and 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 Instructions: Pay \$15 for up to 12 prescriptions if your out-of-pocket cost is \$70 or less. If your out-of-pocket cost is more than \$70, you may save a total of \$55 on each prescription. Offer valid for up to a total of 12 prescriptions. You must bring this card with you to your pharmacy with a valid prescription each time you fill your prescription for MINIVELLE. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section below. If you have any questions, please call 1-855-497-8461, 24 hours 7 days a week or visit www.MINIVELLE.com.

Pharmacist: When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental 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 in the Restrictions section below.

Pharmacist Instructions for patients with an eligible Third Party: Submit the claim to the primary Third Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** for COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). The patient is responsible for the first \$15.00 and the card pays up to the next \$55.00 up to 12 prescriptions. Reimbursement will be received from **CHANGE HEALTHCARE**.

Pharmacist Instructions for a cash-paying patient: Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (e.g. 1) is required. The patient is responsible for the first \$15.00 and the card pays up to the next \$55.00 up to 12 prescriptions. Reimbursement will be received from **CHANGE HEALTHCARE**.

Other Coverage Code required: For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at **1-800-422-5604**.

Restrictions: This offer is valid in the United States. **Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs). If the patient is eligible for drug benefits under any such program, the patient cannot use this offer.** By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this coupon. It is illegal to (or offer to) sell, purchase, or trade this coupon. The amount of the reimbursement cannot exceed the patient's out-of-pocket expenses. **The parties reserve the right to change or end this program without notice at any time.** Not valid if reproduced. Void where prohibited by law. Product dispensed pursuant to program rules, and applicable federal and state laws. Offer limited to 1 per person and is not transferable. Program managed by ConnectiveRx on behalf of Noven Pharmaceuticals.

If you have any questions about this program, please call 1-855-497-8461, 24 hours, 7 days a week. For more information about MINIVELLE, visit MINIVELLE.com or call 1-800-455-8070.

INDICATION

MINIVELLE® (estradiol transdermal system) is a prescription medicine patch that contains estradiol (an estrogen hormone). MINIVELLE is used to reduce moderate to severe hot flashes due to menopause and to help prevent postmenopausal osteoporosis (thin weak bones). The 0.025 mg/day dose is only approved for the prevention of postmenopausal osteoporosis.

If you use MINIVELLE only to prevent osteoporosis from menopause, talk with your healthcare provider about whether a different treatment or medicine without estrogens might be better for you.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about MINIVELLE (an estrogen hormone)?

- Using estrogen-alone may increase your chance of getting cancer of the uterus (womb). Report any unusual vaginal bleeding right away while you are using MINIVELLE as vaginal bleeding after menopause may be a warning sign of cancer of the uterus. Your healthcare provider should check any unusual vaginal bleeding to find out the cause.
- Do not use estrogen-alone or estrogen with progestins to prevent heart disease, heart attacks, strokes, or dementia (decline in brain function).
- Using estrogen-alone may increase your chances of getting strokes or blood clots, while using estrogens with progestins may increase your chances of getting heart attacks, strokes, breast cancer, or blood clots.
- Using estrogen-alone or estrogen with progestins may increase your chance of getting dementia, based on a study of women 65 years of age or older.
- You and your healthcare provider should talk regularly about whether you still need treatment with MINIVELLE.

MINIVELLE should not be used if you have unusual vaginal bleeding, currently have or have had certain cancers, had a stroke or heart attack, currently have or have had blood clots, currently have or have had liver problems, have been diagnosed with a bleeding disorder, are allergic to MINIVELLE or any of its ingredients, or think you may be pregnant.

Before you take MINIVELLE, tell your healthcare provider if you have unusual vaginal bleeding, have any other medical conditions, are going to have surgery or will be on bed rest, are breast feeding, and about all of the medicines you take.

The most common side effects that may occur with MINIVELLE are headache, breast tenderness, back and limb pain, common cold, upset stomach, nausea, inflammation of the sinuses and irregular vaginal bleeding or spotting.

MINIVELLE should be used at the lowest effective dose and for the shortest duration consistent with your treatment goals and risks.

These are not all the possible side effects of MINIVELLE. Please read the Patient Information section within the full Prescribing Information before taking MINIVELLE. For more information ask your healthcare provider or pharmacist for advice about side effects.

Click here for the full Prescribing Information, including Boxed WARNING.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

