



# Pay As Little As \$25 on each prescription\*

Valid for up to a total of 6 prescriptions.

Powered by:	BIN# 004682
<b>CHANGE HEALTHCARE</b>	PCN# CN
	GRP# EC62004001
	ID# 09075515307

\*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 \$25 for up to 6 prescriptions if your out-of-pocket cost is \$80 or less. If your out-of-pocket cost is more than \$80, you may save a total of \$55 on each prescription. Offer valid for up to a total of 6 prescriptions. You must bring this card with you to your pharmacy with a valid prescription each time you fill CombiPatch. 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 1-844-492-9701, 24 hours 7 days a week or visit [www.CombiPatch.com](http://www.CombiPatch.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** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). The patient is responsible for the first \$25.00 and the card pays up to the next \$55.00. 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 \$25.00 and the card pays up to the next \$55.00. 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). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. 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. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Program managed by ConnectiveRx on behalf of Noven Therapeutics, LLC. **The parties reserve the right to rescind, revoke or amend this offer without notice at any time.**

If you have any questions about this program, please call 1-844-492-9701, 24 hours, 7 days a week. For more information about CombiPatch, visit [CombiPatch.com](http://CombiPatch.com) or call 1-800-455-8070.

## INDICATION

CombiPatch® (estradiol/norethindrone acetate transdermal system) is a prescription medicine used to treat moderate to severe hot flashes associated with menopause; treat moderate to severe dryness, itching and burning in or around the vagina associated with menopause; and treat certain conditions in which a young woman's ovaries do not produce enough estrogens naturally. If you use CombiPatch only to treat your dryness, itching and burning in or around the vagina, talk with your healthcare professional about whether a topical vaginal product would be better for you.

## IMPORTANT SAFETY INFORMATION

**Do not use estrogens and progestins to prevent heart disease, heart attacks, strokes or dementia (decline in memory and thinking skills). Using estrogens with progestins may increase your chances of getting heart attacks, strokes, blood clots, and breast cancer and may increase your risk of dementia.**

**You and your healthcare professional should talk regularly about whether you still need treatment with CombiPatch and whether you are taking the lowest dose that works for you.**

**Do not use CombiPatch if you have had your uterus removed (hysterectomy). CombiPatch should not be used if you have unusual vaginal bleeding; currently have or have had certain cancers, blood clots, or liver problems; had a stroke or heart attack; have been diagnosed with a bleeding disorder; are allergic to CombiPatch or any of its ingredients; or think you may be, or know that you are, pregnant.**

Before you take CombiPatch, 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 CombiPatch are breast pain, vaginal bleeding, and headache. These are not all the possible side effects of CombiPatch.

[Click here for the full Prescribing Information for CombiPatch, including Boxed WARNING.](#)

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**



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