Savings Program

Slynd®

eligible patients may pay as little as

per 1-month prescription fill

per 3-month prescription fill

$10

$25

NO ACTIVATION NEEDED!

Simply ask your pharmacist to apply this coupon to your prescription.

.getting started on slynd®

1. Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for

2. Your proof of purchase (original pharmacy receipt with your name and address, product name, prescription numbers, NDC number, date filled, quantity, and price) and a photocopy of the front of your insurance card.

3. Your date of birth

4. Mail all of the information to: 200 Jefferson Park, Whippany, NJ 07981 c/o Connective Rx

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Program Details

Dear Pharmacist: The patient responsible for the first $10 of their co-pay for a 3-month supply or $25 for a 1-month supply and cash-paying patients should approximately $65. Card is good for Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor’s office, online, or via text. Card is good for

Mail-order Patients

If you fill your Slynd® prescription through a mail-order pharmacy, or if you are unable to have your card processed at your local pharmacy, please submit:

1. A valid Other Coverage Code (e.g. 8)

2. If the pharmacist states the medication is not covered under your insurance or there is an out-of-pocket cost over $65, ask the pharmacist to run the prescription as “cash-pay” and apply the coupon.

3. There is no generic equivalent of Slynd®TM.

4. If you experience any further problems, have your pharmacist call the Help Desk: 1-800-422-5604

5. Offer not valid for patients enrolled in Medicare, Medicaid, or any other federal or state health care program.

6. The patient is responsible for the first $10 of their co-pay for a 1-month supply or $25 for a 3-month supply. Reimbursement will be received from Medicaid, Medicare, or any other federal or state health care programs.

7. Please allow 6-8 weeks to receive your reimbursement. Reimbursement can be used to offset pharmacy co-pay and rebates. Reimbursement

8. If you have any questions about the Slynd®Savings Program, PLEASE DO NOT call your pharmacist. Please call the Help Desk at 1-800-422-5604.

Questions?

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Mail-order Patients

If you fill your Slynd® prescription through a mail-order pharmacy, or if you are unable to have your card processed at your local pharmacy, please submit:

1. A photofax of the front and back of your Slynd® Savings Card, or

2. If your pharmacist indicates they do not have Slynd®TM in stock, ask them to order it and they can have it in approximately 24 hours.

3. If out-of-pocket cost on the 3-month fill is above $65, ask your pharmacist to process a 1-month fill instead.

4. Questions?

5. Offer not valid for patients enrolled in Medicare, Medicaid, or any other federal or state healthcare program.

6. Please see inside for Program Terms, Conditions, and Eligibility Criteria.

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