

Slynd®
(drospirenone) tablets, 4mg

Patient Savings Program

How to get started on your Slynd® Prescription*

1. Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your doctor's office, online, or via text.
2. In order to apply savings benefit and reflect your final out of pocket cost, **ask your pharmacist to process your Slynd® prescription** through your primary insurance along with the copay card.
3. **There is no generic equivalent of Slynd®.** If your pharmacist indicates they do not have Slynd® in stock, ask them to order it and they can have it in **approximately 24 hours.**
4. If you experience any further problems, have your pharmacist call the Help Desk: **1-844-373-0987.**

*Offer not valid for patients enrolled in Medicare, Medicaid, or any other federal or state healthcare program. The patient is responsible for the first \$25 of their co-pay and cash-paying patients should pay approximately \$65. See redemption instructions for further details.



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SLY-24-282 R00 Issued 03/24

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Program Terms, Conditions, and Eligibility Criteria: **1.** This offer is available to patients with commercial prescription insurance coverage and cash paying patients for a valid prescription of SLYND® at the time the prescription is filled by the pharmacist and dispensed to the patient. **2.** This offer is not valid for use by patients enrolled in Medicare, Medicaid, or other federal or state programs (including any state pharmaceutical assistance programs), or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs, or where prohibited by law or by the patient's health insurance provider. Patients may not use this offer if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees. If at any time a patient begins receiving prescription drug coverage under any such federal, state, or government-funded healthcare program, patient will no longer be eligible to use the Patient Savings Program. **3.** Exeltis USA, Inc. reserves the right to rescind, revoke, or amend this offer without notice. **4.** Offer good only in the USA, including Puerto Rico, at participating retail pharmacies. Patients residing in or receiving treatment in certain states may not be eligible. **5.** Void where prohibited by law, taxed, or restricted. **6.** Patients may not seek reimbursement for value received from the Patient Savings Program from any third-party payers. **7.** This card is not transferable. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. **8.** This card has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified prescription. **9.** This offer is not health insurance. **10.** By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.

Pharmacist Instructions for a Patient with an Eligible Third Party Payer: When you redeem this card, you certify that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government programs for this prescription. Submit the claim to the primary Third-party Payer first, then submit the balance due to **SS&C** using BIN #019158 as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (e.g. **8**).

Valid Other Coverage Code required. For any questions regarding this coupon, or **SS&C** online processing, please call the Help Desk at **1-844-373-0987**.

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connective®

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PATIENT SAVINGS PROGRAM

Temporary Savings Information

Powered by: SS&C

NO ACTIVATION NEEDED!

Simply ask your pharmacist to apply the savings to your prescription.

Group Number: AC55907001
ID: 59933150709
BIN: 019158
PCN: CNRX

*Maximum savings limits apply; patient out-of-pocket expense will vary depending on insurance coverage. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. Please see back of card for Program Terms, Conditions, and Eligibility Criteria.

ELIGIBLE PATIENTS MAY
ALSO ACCESS SAVINGS

ONLINE



Visit
SLYND.COM

Questions? If you have questions about the **Patient Savings Program**, PLEASE DO NOT call your healthcare provider. Simply call us with questions at 1-844-373-0987.

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