Getting started on Slynd® (drospirenone) tablets

Starting your Slynd® Prescription*

1. Fill your Slynd® prescription at the pharmacy and bring your co-pay card obtained from your pharmacy.
2. In order to apply savings benefit and reflect your out-of-pocket cost, ask your pharmacist to process your Slynd® prescription through your pharmacy insurance or with the patient’s insurance.
3. If the pharmacist states the medication is not covered under your insurance or there is an out-of-pocket cost of over $40 for a 1-month supply, ask the pharmacist to run the prescription as “cash-pay” and apply the coupon.
4. There is no generic equivalent of Slynd®. If your pharmacist indicates they do not have Slynd® stock, ask them to order it and they can have it in approximately 24 hours.
5. If you experience any further problems, have your pharmacist call the Help Desk: 1-833-230-5451.

Mail-order Patients

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

1. A photocopy of the front and back of your Patient Savings Program Card
2. Your original proof of purchase (original pharmacy receipt with your name and address, pharmacy name, product name, prescription numbers, NDC number, date filled, quantity, and price) and a photocopy of the front and back of your insurance card
3. Your date of birth
4. Mail all of the information to:
   Exeltis Women’s Health Savings Program
   P.O. Box 1000
   200 Jefferson Park, Whippany, NJ 07981

Please allow 6-8 weeks to receive your reimbursement. Reimbursements are subject to Program Terms, Conditions, and Eligibility Criteria.

Program Details

Program Terms, Conditions, and Eligibility Criteria:

This offer is available to patients with commercial insurance, Medicare, or other federal or state healthcare programs, including Medicare Part D or Medicare Advantage Plans, or patients with no insurance. Program is not valid for patients enrolled in Medicare, Medicaid, or any other federal or state healthcare program. Offer is not valid for patients with 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. 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. There is no generic equivalent of Slynd®.

†Exeltis USA, Inc. reserves the right to rescind, revoke, or amend this offer without notice.

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