

## PATIENT SAVINGS PROGRAM



### NO ACTIVATION NEEDED!

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

### Temporary Savings Information Powered by: SS&C

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

Restrictions may apply.

Eligible Patients may also access savings **online**



Visit  
**NUVESSA.COM**



## Pharmacist Instructions

### How to help your patients get started on their NUVESSA® Prescription\*

- 1 In order to apply savings benefit and reflect final out of pocket cost, **you must process the patient's NUVESSA® prescription first.**
- 2 Submit claim to primary Third Party Payer first, then submit balance due to **SS&C** as a Secondary Payer using the BIN, PCN, GRP, and ID#s provided.
- 3 If you experience any further processing the claim for NUVESSA®, please contact the Help Desk: **1-844-373-0987.**
- 4 Save card for future refills for ALL patients with NUVESSA® prescriptions.

\* Offer not valid for patients enrolled in Medicare, Medicaid, or any other federal or state healthcare program. See redemption instructions for further details.

## PATIENT SAVINGS PROGRAM



**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 NuVessa® 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.**

Program managed by ConnectiveRx on behalf of Exeltis USA, Inc. The parties reserve the right to rescind, revoke, or amend this offer without notice at any time. Not valid if reproduced. Void where prohibited by law.



©2024 Exeltis USA, Inc. All rights reserved.  
NUV-24-285 R00 Issued 03/24

connective<sup>®</sup>



## Patient Instructions

### How to get started on your NUVESSA® Prescription\*

- 1 Fill your NuVessa® 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 NuVessa® prescription** through your primary insurance along with the copay card.
- 3 There is no generic equivalent of NuVessa®. If your pharmacist indicates they do not have NuVessa® 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. See redemption instructions for further details.