PATIENT SAVINGS PROGRAM

NUVESSA®
(metronidazole vaginal gel 1.3%)



PAY AS LITTLE AS

$25* ON YOUR PRESCRIPTION

NO ACTIVATION NEEDED!

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

Powered by:
CHANGE HEALTHCARE

BIN# 004682
PCN# CN
GRP# ECNUVESSA1
ID# NUVESSA

Restrictions may apply. Keep this coupon card for future refills.

Eligible Patients may also access savings via **text**

Text **NUVESSA** to **31700**†

*The patient is responsible for the first $25 of their co-pay and cash-paying patients should pay approximately $55. For cash paying patients or insured patients when these brands are not covered by primary insurance, patients may still use this savings card but may have an outstanding balance.

†Text NUVESSA to 31700 to receive your Alembic Women's Health Savings Card. Message and data rates may apply. Message frequency varies. Text STOP to opt out. Text HELP for help. For Privacy Policy: URL. For SMS Terms: URL.

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 **CHANGE HEALTHCARE** as a Secondary Payer using the BIN, PCN, GRP, and ID#s provided.
3. If the primary insurance rejects the claim or the patient has an out-of-pocket cost exceeding $65, **re-process the prescription as cash along with the copay card as a Secondary Payer.**
4. If you experience any further problems processing the claim for NUVESSA®, please contact the Help Desk at **1-833-210-5451.**
5. 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. The patient is responsible for the first $25 of their co-pay and cash-paying patients should pay approximately $55. See redemption instructions for further details.

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. 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.**

4. **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.**

5. If you experience any further problems, have your pharmacist call the Help Desk at: **1-833-210-5451.**

*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 $55. See redemption instructions for further details.

Program Details

Dear Pharmacist: The patient is responsible for the first $25 of their co-pay and cash-paying patients should pay approximately $55. Card is good for refills. Prescriber ID# required on prescription. **Not valid for individuals enrolled in Medicare, Medicaid, a state pharmaceutical assistance program, or any other federal or state health care program.**

Patient Instructions: In order to redeem this card you must have a valid prescription for NUVESSA®. The patient is responsible for the first $25 of their co-pay and cash-paying patients should pay approximately $55. Card is good for refills. Follow the dosage instructions given by the doctor. This card may not be redeemed for cash. **You are not eligible for this offer if you are enrolled in Medicare, Medicaid, or any other federal or state healthcare program**. Cardholders with questions, please call **1-833-210-5451.**

Pharmacist Instructions for a Patient with an Eligible Third Party Payer: 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 of their co-pay. 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 of their co-pay and cash-paying patients should pay approximately $55. Reimbursement will be received from **Change Healthcare.**

Valid Other Coverage Code required. For any questions regarding this coupon, or **Change Healthcare** online processing, please call the Help Desk at **1-833-210-5451.**

Program managed by ConnectiveRx on behalf of Alembic Therapeutics. 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.

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Alembic Therapeutics

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