

Patient Savings Program

Twirla[®]
(levonorgestrel and ethinyl estradiol)
transdermal system
120 mcg/day levonorgestrel and 30 mcg/day ethinyl estradiol

ELIGIBLE PATIENTS MAY
PAY AS LITTLE AS
\$25* PER 1-MONTH
OR 3-MONTH
PRESCRIPTION FILL
3 MONTH FILL MAY COST PATIENT
\$8.33 PER MONTH

**NO ACTIVATION
NEEDED!**

Simply ask your
pharmacist to apply
the savings to

Powered by:

SS&C

BIN# 019158

PCN# CNRX

GRP# AC11923002

ID# 09950632082

*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 OR VIA **TEXT**

 Visit
TWIRLA.COM

 Text
TWIRLA to 31700

*Text TWIRLA to 31700 to receive your Exeltis 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: <https://exeltisusa.com/privacy-policy/>. For SMS Terms: <https://exeltis.online/SMSText>.

Questions?

If you have questions about the **Patient Savings Program**
PLEASE DO NOT call your healthcare provider.
Simply call us with questions at 833-210-5451

Please [click here](#) for Patient Information including Important Risk Information.

How to Get Started on Your Twirla[®] Prescription

1. Fill your Twirla[®] 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 Twirla[®] 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 of over \$40 for a 1-month supply and over \$65 for a 3-month supply**, ask the pharmacist to run the prescription as "cash-pay" and apply the coupon.
4. **There is no generic equivalent of Twirla[®]**. If your pharmacist indicates they do not have Twirla[®] 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: **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.

Mail-order Patients

If you fill your prescription through a mail-order pharmacy, or if you are unable to have your card 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
c/o Connective Rx
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

Coupon Program: Eligible patients will pay a minimum of \$25 and receive up to \$185 off the patient's co-pay or out of pocket expenses per 30-day supply of Twirla[®]. A valid Prescriber ID# is required on the prescription.

Patient Instructions: In order to redeem this offer you must have a valid prescription for Twirla[®]. Follow the dosage instructions given by the doctor. This offer may not be redeemed for cash. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section below. Patients with questions about the Twirla[®] Savings offer should call (833) 210-5451.

Pharmacist: When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Restrictions: This offer is valid in the United States. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient must use this offer. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this offer. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Program managed by ConnectiveRx on behalf of Exeltis Pharmaceuticals. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.

• 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 SS&C Health as a Secondary Payer as a copay only billing using BIN 019158 and a valid Other Coverage Code (e.g. 8). The patient pay amount will be reduced by up to \$185 per 30-day supply of Twirla and reimbursement will be sent from SS&C Health.

• Pharmacist instructions for a cash paying patient

Submit this claim to SS&C Health using BIN 019158. A valid Other Coverage Code (e.g. 1) is required. The patient pay amount will be reduced by up to \$185 per 30-day supply of Twirla and reimbursement will be sent from SS&C Health.

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

Please [click here](#) for Patient Information including Important Risk Information.