

SAVE UP TO \$30

every 2 weeks on ENDOMETRIN® (progesterone) Vaginal Insert*

- ✓ Valid for eligible insured and cash-paying patients
- ✓ Offer may be redeemed for up to \$30 savings every 2 weeks

Offer expires 12/31/2021.

*See terms and conditions below.

Present this form to a participating pharmacy with a prescription for ENDOMETRIN to start saving today.

OpusHealth™

BIN# 601341

PCN# OHCP

GRP# OH1606011

ID# L16100400786

To the Pharmacist ONLY: For questions regarding OPUS Health Online processing, please call 1-800-364-4767

To learn more, visit
www.endometrinsavings.com

Pharmacist for Patients Paying Cash: Submit this claim to **OPUS Health**. A valid other coverage code is required (eg,1). The patient pay amount will be reduced by up to \$30 for each prescription. There must be 14 days between each use. Reimbursement including a handling fee will be received from **OPUS Health**.

Pharmacist for the Patient with an Authorized Third Party: Submit the claim to the Primary Third Party Payer first, then submit the balance due to **OPUS Health** as a Secondary Payer as a copay only billing using a Valid Other Coverage Code (eg, 8). The patient pay amount will be reduced by up to \$30 for each prescription. There must be 14 days between each use. Reimbursement including a handling fee will be received from **OPUS Health**.

To the Pharmacist ONLY: For any questions regarding **OPUS Health** online processing, please call 1-800-364-4767.

Patient Instruction: Use this ENDOMETRIN Instant Savings Card to reduce the amount due on an eligible third-party or cash prescription by presenting it to your pharmacist along with your valid prescription for ENDOMETRIN. Keep this card and present it with your subsequent prescriptions up to the expiration date. For questions, please call 833-226-3082.

Concerning Confidentiality: Ferring Pharmaceuticals respects your right to have personal and medical information kept confidential. Ferring Pharmaceuticals will not share your personal and medical information with any third party (such as outside mailing lists).

ENDOMETRIN Patient Savings Program Terms and Conditions: By redeeming this ENDOMETRIN Patient Savings Card, you agree that you are eligible pursuant to the Terms and Conditions below, and you agree not to seek reimbursement for all or any part of the benefit received through this offer. Patient or guardian is responsible for reporting receipt of the ENDOMETRIN Patient Savings Card benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the ENDOMETRIN Patient Savings Card, as may be required. The value of this offer may not exceed the amount of the patient's out-of-pocket costs for the prescription. This coupon is not insurance. Maximum value of this offer is \$60/month. This ENDOMETRIN Patient Savings Card is not valid for prescriptions reimbursed in whole or in part by Medicare, Medicaid, or a Medicare Part D plan, TRICARE, US Department of Veteran Affairs, US Department of Defense, Puerto Rico, government health insurance plan, or any other federal or state-funded healthcare benefit program. This ENDOMETRIN Patient Savings Card is good for use only with a prescription for ENDOMETRIN at the time the prescription is filled and dispensed. Offer good only in the USA at participating retail or mail-order pharmacies in the United States or the Commonwealth of Puerto Rico. Product must originate in the United States or the Commonwealth of Puerto Rico and cannot be redeemed at government-subsidized clinics. This offer is not valid where prohibited by law. By choosing to process a claim to a third-party payer in connection with this offer, the retail pharmacy hereby represents, warrants, and acknowledges to Ferring that Ferring is not interfering with any legal obligation that the retail pharmacy may have to any third party and that processing the claim is not otherwise in violation of applicable law. Ferring Pharmaceuticals reserves the right to rescind, revoke, or amend this offer without notice. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. Participating patients and pharmacists understand and agree to comply with the terms and conditions of this offer as set forth above.

*Valid for eligible insured and cash-paying patients. Terms and Conditions apply.

†This offer expires on 12/31/2021, as set forth above.



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Endometrin®
(progesterone) Vaginal Insert 100mg