



MINIVELLE® (estradiol transdermal system) Co-pay Program Reimbursement Form

This form is to be used for reimbursement of a patient's co-payment or out-of-pocket costs directly and actually incurred for a prescription for **MINIVELLE® (estradiol transdermal system)** under the MINIVELLE® Co-pay Program* sponsored by **Noven Therapeutics, LLC**.

Costs incurred for general office visits will not be reimbursed. Payment of the reimbursement is subject to verification. Submission of this form is not a guarantee of payment.

PATIENT INFORMATION – please print

First Name _____ Middle _____ Last Name _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
Phone _____ Email _____
Date of Birth _____ Gender _____ Age _____

PRESCRIBER INFORMATION – please print

First Name _____ Middle _____ Last Name _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
Phone _____

Prescription / Mail Order Provider _____

REIMBURSEMENT PROCESS

Complete this form in its entirety and attach the items listed below. Forms submitted without these items will not be valid and therefore will not be eligible to receive reimbursement. Forms will take 6 to 8 weeks to process:

- Copy of **MINIVELLE** prescription label (prescription receipt from the pharmacy that includes name and address of pharmacy, dosing, and days supply).
- Copy of the front and back of **MINIVELLE** Co-pay Savings Card
- Dated original cash register receipt (proof of purchase or invoice) with the amount of co-payment or out-of-pocket expenses highlighted
- Offer not valid if prescription for **MINIVELLE** was paid in whole or in part by Medicare, Medicaid, or any federal or state programs or in states where prohibited by law
- Patient signature—see below

Submit reimbursement claim and attachments via mail or fax.

Mail: **MINIVELLE** Co-pay Reimbursement Program, PO Box 7017, Bedminster, NJ 07921-7017

Fax: **1-908-809-6208**

I, _____, certify that the information provided for this reimbursement request is accurate to the best of my knowledge, and the co-payment or out-of-pocket expenses requested for reimbursement were actually incurred. My prescription for **MINIVELLE** was not paid in whole or in part by Medicare, Medicaid, or any federal or state programs.

By signing below, I also give my consent for Noven, or those acting on its behalf, to contact my healthcare provider and for my healthcare provider to exchange information with such parties as necessary to verify my eligibility for the **MINIVELLE** Co-pay Program.

Patient Signature _____

For additional questions regarding the Co-pay Program, please call **1-855-497-8461**.

Please see Terms and Conditions and Important Safety Information on the next page.

***The MINIVELLE® (estradiol transdermal system) Co-pay Program Terms and Conditions. See full terms and conditions at www.Minivelle.com.**

This co-pay card program is valid for commercially insured and cash-paying patients. The offer is not insurance. It is not valid for prescriptions covered by or submitted for reimbursement in whole or in **part under Medicaid, Medicare, or other state or federal healthcare programs, including any state medical pharmacy assistance program. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer.**

Eligible patients may save up to \$55 in co-pay costs on one month supply for up to 12 prescriptions of MINIVELLE or until the co-pay card expires on 12/31/2015. You must bring the savings card from your physician to your pharmacy with a valid prescription each time you fill Minivelle. By using the savings card from your physician, you acknowledge that you meet the eligibility criteria and will comply with these terms and conditions. Offer limited to one use per month. If you have any questions regarding this program, please call 1-855-497-8461, 24 hours 7 days a week or visit www.MINIVELLE.com.

The amount of the reimbursement cannot exceed the patient's out-of-pocket expenses. Program expires **12/31/2015**. Noven reserves the right to change or end this program without notice and at any time. Not valid if reproduced. Void where prohibited by law. Product dispensed pursuant to program rules, and applicable federal and state laws. Offer limited to 1 per person and is not transferable.

INDICATION

MINIVELLE® (estradiol transdermal system) is a prescription medicine patch that contains estradiol (an estrogen hormone). MINIVELLE is used to treat moderate to severe hot flashes due to menopause and to help prevent postmenopausal osteoporosis (thin weak bones).

If you use MINIVELLE only to prevent osteoporosis from menopause, talk with your healthcare provider about whether a different treatment or medicine without estrogens might be better for you.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about MINIVELLE (an estrogen hormone)?

Using estrogen-alone may increase your chance of getting cancer of the uterus (womb). Report any unusual vaginal bleeding right away while you are using MINIVELLE as vaginal bleeding after menopause may be a warning sign of cancer of the uterus. Your healthcare provider should check any unusual vaginal bleeding to find out the cause.

Do not use estrogen-alone or estrogen with progestins to prevent heart disease, heart attacks, strokes, or dementia (decline in brain function).

Using estrogen-alone may increase your chances of getting strokes or blood clots, while using estrogens with progestins may increase your chances of getting heart attacks, strokes, breast cancer, or blood clots.

Using estrogen-alone or estrogen with progestins may increase your chance of getting dementia, based on a study of women 65 years of age or older.

You and your healthcare provider should talk regularly about whether you still need treatment with MINIVELLE.

MINIVELLE should not be used if you have unusual vaginal bleeding, currently have or have had certain cancers, had a stroke or heart attack, currently have or have had blood clots, currently have or have had liver problems, have been diagnosed with a bleeding disorder, are allergic to MINIVELLE or any of its ingredients, or think you may be pregnant.

Before you take MINIVELLE, tell your healthcare provider if you have unusual vaginal bleeding, have any other medical conditions, are going to have surgery or will be on bed rest, are breast feeding, and about all of the medicines you take.

The most common side effects that may occur with MINIVELLE are headache, breast tenderness, back and limb pain, common cold, upset stomach, nausea, inflammation of the sinuses and irregular vaginal bleeding or spotting.

MINIVELLE should be used at the lowest effective dose and for the shortest duration consistent with your treatment goals and risks.

These are not all the possible side effects of MINIVELLE. Please read the Patient Information section within the full Prescribing Information before taking MINIVELLE. For more information ask your healthcare provider or pharmacist for advice about side effects.

Click here for the full Prescribing Information, including Boxed WARNING.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.