

ACCESSIBLE AND AFFORDABLE
2 easy ways to get BONJESTA[®]

OPTION 1

I have commercial insurance and BONJESTA[®] is covered.

Use the Copay Savings Card

Pay as little as **\$35***

*for a prescription of BONJESTA[®]

Just show the below **Copay Savings Card** information to the Pharmacist:

PHARMACIST:

Submit this claim information to **OPUS Health:**

Bin: 601341 RxPCN: OHCP
Group ID: OH1903011 ID#: E29100136187

- Be sure to show the **Copay Savings Card** to the pharmacist. The code may be entered manually when you pick up your prescription to ensure you get the lowest price.

Make sure your pharmacist has entered your code so that you get the lowest price!

If you have any questions about the BONJESTA[®] Savings card, please call

1-800-250-5195

eVoucherRx[™] Program

As a participant in the eVoucherRx Program powered by RelayHealth, Duchesnay USA has made it possible to extend prescription savings on to you. eVoucherRx is a paperless electronic coupon program that makes copay savings on your prescription for BONJESTA[®] easy for you, your physician and for your pharmacist.

Participating Pharmacies

Simply take your eligible prescription for BONJESTA[®] to a participating pharmacy and the eVoucherRx savings coupon will be automatically applied to your copay.

Find an eVoucherRx[™] pharmacy in your area:

The eVoucherRx[™] program, powered by RelayHealth, provides electronic coupons to help reduce a patient's out-of-pocket cost on selected products. Participating pharmacies are subject to change without notice.

<http://evoucherrx.relayhealth.com/StoreLookup>

*See offer for terms and conditions.

OPTION 2

I don't have insurance or BONJESTA[®] is not covered by my insurance.

ProCare Pharmacy Care ships right to your home!

Even without prescription drug insurance or coverage for BONJESTA[®], you could pay only \$100 for a full month supply.

60 tablets for only \$100, free shipping

30 tablets for \$60, free shipping

Prescribe BONJESTA[®] through
ProCare Pharmacy Care
Miramar, Florida 33025
(NABP/NCPDP Provider ID: 1098121)

Visit Bonjesta.com to download the instructions and order form for your healthcare professional to prescribe BONJESTA[®]

ProCare Rx

If you have any questions, please call
ProCare Pharmacy Care at

1-844-716-HOME (4663)

HEALTHCARE PROFESSIONAL INSTRUCTIONS:

- 1 To use the BONJESTA® savings offer, the patient will require a valid prescription for BONJESTA®.
- 2 Instruct the patient to take the BONJESTA® prescription, along with this savings offer, to a retail pharmacy. (May not be accepted at all pharmacies)
- 3 Also refer to Restrictions and Conditions of Use.

RESTRICTIONS AND CONDITIONS OF USE:

1. This offer is not available to individuals enrolled in Medicare, Medicaid, TRICARE, or any other federal or state healthcare plan.
2. Federal law prohibits the selling, purchasing, trading, or counterfeiting of this offer. Such activities may result in imprisonment of 10 years, fines of \$250,000, or both.
3. May not be accepted at all pharmacies.
4. This offer is only good in the United States. Duchesnay USA reserves the right to rescind, revoke, or amend this offer without notice at any time.
5. No photocopies accepted.
6. Patients and pharmacies are responsible for disclosing to insurance carriers the redemption and value of the co-pay and complying with any other conditions imposed by insurance carriers or third-party payers.
7. The value of this offer is not contingent on any prior or future purchases. The offer is solely intended to reduce the patient out-of-pocket expense for the purchase of BONJESTA® to as little as \$35. The patient expense estimate is based on an average prescription filled by patients with prescription coverage. Use of this offer for any one purchase does not obligate the patient to make future purchases of BONJESTA® or any other product.
8. Void where prohibited by law.

PHARMACY INSTRUCTIONS:

For Patients with prescription coverage: Submit the claim to the primary Third-Party Payer first, then submit the balance due to **OPUS Health** as a Secondary Payer as a co-pay only billing using Other Coverage Code indication. The patient pay amount will be reduced by the maximum value of the coupon set by the manufacturer, and you will receive this in your next reimbursement from **OPUS Health**, plus a handling fee.

For Patients without prescription coverage: Please submit this claim to **OPUS Health**. A valid Other Coverage Code is required. The patient pay amount will be reduced by the maximum value of the coupon set by the manufacturer, and you will receive this in your next reimbursement from **OPUS Health**, plus a handling fee. By accepting this savings offer, the pharmacist certifies that (i) BONJESTA® has been dispensed to an eligible patient, and (ii) use of the savings offer complies with all applicable laws and contractual or other obligations as a pharmacy provider.

Pharmacist questions please call: 1-800-364-4767

Patient questions please call: 1-800-250-5195