

Over the course of 1 year (13 cycles), it is possible that ANNOVERA may be lost or damaged. TherapeuticsMD offers patients a one-time replacement against lost or damaged product—one replacement ANNOVERA per patient's lifetime.

To qualify for replacement:

- ANNOVERA must have been legally purchased (directly or through insurance) under a valid prescription at a licensed U.S. pharmacy
- ANNOVERA must have been purchased and dispensed within twelve (12) months of the date of loss or damage
- A Replacement Authorization Request Form, including Prescription Form, must be completed and submitted within thirty (30) days of the date of loss or damage

Completing the Replacement Authorization Request Form:

- 1. Patient:** Patients who qualify for an ANNOVERA replacement should contact vitaCare Prescription Services by phone, fax, or email to request the Replacement Authorization Request Form.
- 2. Healthcare Provider:** Once the patient completes their portion of the Replacement Authorization Request Form, their healthcare provider must complete the prescriber portions of the Prescription Form.

Completed and signed Replacement Authorization Request Forms, including the Prescription Forms, should be submitted to:

vitaCare Prescription Services

Phone: 844-266-6837 (844-ANNOVERA) Fax: 866-889-0117

Email: CustomerService@vitacarerx.com

Terms, conditions, and eligibility criteria apply. For complete details, please refer to the Replacement Authorization Request Form, at [ANNOVERAHCP.com/replacement](https://www.annoverahcp.com/replacement)

Please see accompanying Full Prescribing Information, including BOXED WARNING, or visit [annovera.com/pi.pdf](https://www.annovera.com/pi.pdf)