

Organon Abandoned Unit Program for Nexplanon® (etonogestrel implant) 68 mg Radiopaque Return Form

To initiate the return process for the Organon Abandoned Unit Program for NEXPLANON, please print and legibly complete ALL fields in the form below. The form must be signed by an eligible health care provider (HCP) and submitted to the applicable dispensing Specialty Pharmacy. Please note: a separate form must be completed for each abandoned unit of NEXPLANON. The Specialty Pharmacy will process the form and provide a determination if the unit is deemed returnable. If approved for return, c3i Solutions, Organon's third-party processor, will contact you with all return and shipping instructions.

Prescriber Information		
Last Name	First Name	
DEA #	NPI#	
Address 1	Address 2	
City	State	Zip
Office Contact	E-mail	
Phone	Fax	

Patient Information		
Last Name	First Name	
Address 1	Address 2	
City	State	Zip
Phone	Date of Birth	

Prescription Label Information – a separate form must be completed for each Abandoned Unit return request		
Prescription Number	Fill Date on Prescription Label	
Pharmacy Name	Address	
City	State	Zip
Product Lot #		

By signing this form, I attest that:

- I am authorized to submit this Return Form and to make the representations contained herein:
- The information provided in this Return Form is accurate, and the product sought to be returned meets Organon's criteria, as set forth in the Terms & Conditions of the Abandoned Unit Program for NEXPLANON (please see pages 2-3)
- My office has attempted at least 2 times to reach the above-reference patient to reschedule the appointment; and
- Neither the treatment location nor I have sought or received payment or reimbursement from any health insurer or Customer insurance policy and will not seek payment or reimbursement in the future from these or any other sources, for the product that is the subject of this request for return.

Health Care Provider Name: _____

Health Care Provider Signature: _____ Date: _____

<p><u>Please Fax the Return Form to Original Dispensing Pharmacy (as noted on prescription label affixed to product)</u></p> <p>Caremark LLC Fax Number: 855.460.0681 Accredo Health Group, Inc. Fax Number: 855.229.9804</p>

FOR USE BY SPECIALTY PHARMACY ONLY

Specialty Pharmacy Determination of NEXPLANON Unit

Yes, this unit is authorized for return and meets eligibility criteria per the Terms & Conditions on pages 2-3

Return Identification Number _____

* C3i Solutions, Organon's third-party processor, will contact HCP with return and shipping information

No, this unit is NOT authorized for return (reason indicated below) - per the Terms & Conditions on pages 2-3

- | | |
|---|---|
| <input type="checkbox"/> Product not in original packaging; has been used or opened | <input type="checkbox"/> Product does not contain prescription label or patient name |
| <input type="checkbox"/> Product shipped prior to program effective date | <input type="checkbox"/> Product not abandoned for required time or exceeds allowable time for return |
| <input type="checkbox"/> Product not for Eligible Patient | <input type="checkbox"/> Other |

**ORGANON ABANDONED UNIT PROGRAM FOR
NEXPLANON® (etonogestrel implant) 68 mg Radiopaque**

Effective June 1, 2021

These program requirements may be updated at any time.

Organon, LLC. (“Manufacturer”), will allow limited exceptions to its standard return policy, set forth in its Standard Terms and Conditions of Sale - Pharmaceutical Products (“Standard Terms and Conditions of Sale”), pursuant to this Abandoned Unit Program for NEXPLANON (the “Program”). Manufacturer reserves the right to modify or cancel the Program at any time.

I. DEFINITIONS

“**Eligible HCP**” means a health care provider who has prescribed Eligible Product for an Eligible Patient and obtained such Eligible Product from a Specialty Pharmacy.

“**Eligible Patient**” means a patient participating in one of the following programs for whom Eligible Product has been prescribed: Texas Expanded Primary Health Care Program, Texas Medicaid, or Texas Women’s Health Program.

“**Eligible Product**” means NEXPLANON® (etonogestrel implant) 68 mg Radiopaque.

“**Specialty Pharmacy**” means either Accredo Health Group, Inc. or Caremark, LLC or such other specialty pharmacy as may be added to Manufacturer’s specialty pharmacy network from time to time, in Manufacturer’s sole discretion.

II. ELIGIBILITY FOR PRODUCT RETURN

- A. The Program is available to Eligible HCPs for Eligible Product obtained from a Specialty Pharmacy. Under the Program and subject to the conditions and restrictions set forth herein, Eligible HCPs may return Eligible Product to Manufacturer’s third-party return processor in the event the product is abandoned by an Eligible Patient for a duration at least 120 days from the date of dispense, but no more than 180 days past the date of dispense, as evidenced by the prescription label affixed to the product packaging.
- B. In order to return Eligible Product pursuant to the Program, the following criteria must be satisfied:
1. The Eligible Product must be unused and in its original packaging, the product packaging must be unopened, and the prescription label bearing the Eligible Patient’s name must be affixed to the product packaging;
 2. Eligible HCP must confirm that he or she has obtained the Eligible Product from a Specialty Pharmacy and has not purchased the unit of Eligible Product;
 3. Eligible HCP must confirm that office staff at his or her treatment location have attempted at least 2 times to reach the Eligible Patient to reschedule the appointment to implant the Eligible Product; and
 4. Eligible HCP must satisfy all other Manufacturer requirements, procedures, and authorizations.

In no event will product that is purchased by a health care provider or health care facility be accepted for return through this Program.

PLEASE CONTACT YOUR SPECIALTY PHARMACY WITH ANY QUESTIONS

- C. All returns pursuant to the Program are subject to an aggregate annual maximum cap, which, if exceeded, will result in the suspension of the Program for at least the remainder of the calendar year.
- D. Manufacturer reserves the right to discontinue the Program for any Eligible HCP determined to have misused the Program or misrepresented information associated with the return of product under the Program.

III. RETURN INSTRUCTIONS

Eligible HCPs who wish to return Eligible Product under the Abandoned Unit Program for NEXPLANON must contact the Specialty Pharmacy that dispensed the product using the contact information set forth below. The Specialty Pharmacy will provide instructions on how to return the Eligible Product.

Caremark, LLC – 855.324.2566

Accredo Health Group, Inc. – 855.788.4220

Eligible Customers may contact C3i Solutions at 1-800-347-1437 for any additional questions.

PLEASE CONTACT YOUR SPECIALTY PHARMACY WITH ANY QUESTIONS

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US-XPL-115895 03/22