mayne pharma®

Covered, commercially insured, eligible patients will pay as little as

$0 Copay*

RxBIN: 025706
RxPCN: IFX
RxGRP: MP01
ID: MAYN2023

*Subject to change. Exclusions, restrictions, and limitations apply. See Eligibility Criteria, Terms, & Conditions below. **This is not health insurance.**

Rhofade® (oxymetazoline HCl) cream, 1%
Wynzora® (calcipotriene and betamethasone dipropionate) Cream, 0.005%/0.064%
EPSOLAY® (benzoyl peroxide) cream, 5%
TWYNEO® (tretinoin and benzoyl peroxide) cream, 0.1%/3%

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Eligibility Criteria:

To be eligible for the Copay Savings Card offer, you must:

- Be a clinically appropriate patient with a valid prescription*
- Be a patient, parent, or guardian at least 18 years of age and less than 65 years of age (indicated for adults)
- Have a commercial medical or prescription insurance plan
- Not be enrolled in a federal or state funded prescription insurance program, including Tri-Care, Medicaid, Medicare, VHA, DOD, or IHS
- Not be enrolled in a commercial health plan that does not permit the use of copay assistance programs, or is a private indemnity or HMO plan
- Not have a private insurance or other program that covers the entire prescription cost
- Be a resident of the US (including the District of Columbia)
- Meet your deductible
- Fill your prescription before the program expires.

**Doctor's office visits, labs, and any other ancillary services are not included in the Copay Savings Card offer.*

Terms and Conditions (Exclusions, Restrictions, and Limitations may apply):

1. THIS COPAY CARD PROGRAM IS NOT HEALTH INSURANCE.

2. To be eligible for this Copay Card program, a patient must have a commercial insurance plan, which may be a healthcare exchange plan, that covers a valid Rhofade, Wynzora, EPSOLAY, or TWYNEO prescription at the time the prescription is filled and dispensed by the pharmacist.

3. This offer is not valid (a) where prohibited by law, (b) for a patient enrolled in federal or state-funded programs (including, but not limited to, TRICARE, Medicare, Medicaid, Medicare Advantage, Part D, Medigap, VHA, DOD, IHS, or state pharmaceutical assistance programs), (c) for a cash-paying patient,(d) for a patient with private indemnity or a HMO insurance plan that fully reimburses prescription costs, or (e) for a Medicare-eligible individual enrolled in an employer-sponsored health plan or retiree prescription drug benefit program.

4. Eligible patients may incur out-of-pocket costs which may vary for each eligible patient.

5. Restrictions and limitations may apply, including, without limitation, maximum reimbursement limits.

6. A patient must meet any applicable commercial insurance deductible requirements and Prior Authorization submission requirements as determined by the patient's insurer.

7. This offer is not transferable; selling, purchasing, trading, or counterfeiting this Copay Card is prohibited by law.

8. A patient may not seek reimbursement for the value received from the Copay Card program from any third-party payers, including a flexible spending accounts or a health care savings account.

9. This offer expires on December 31, 2026, and valid prescriptions must be filled before this offer expires.

10. Mayne Pharma reserves the right to rescind, revoke or amend this offer without notice.

11. This offer is valid only in the United States and at participating retail pharmacies.

12. This offer is void if prohibited by law, taxed, or restricted.

13. Pricing is subject to change.

14. InfinityRx manages this Copay Card program on behalf of Mayne Pharma.

By redeeming this Copay Card, you acknowledge and confirm that (a) you are an eligible patient and (b) you understand, and will comply with, the Program Terms, Conditions, and Eligibility Criteria of this offer. For questions about this Copay Card offer please call InfinityRx at 1-888-927-3499.

For the Pharmacist: By submitting a claim to redeem this Copay Card offer, you (the pharmacist) certify that no claim has been, or will be, submitted for reimbursement for this prescription under any federal, state, or other government-funded programs or any other payer for which this offer is not valid. Valid Other Coverage Code is required. Eligible reimbursement will be made by InfinityRx. For any questions regarding online processing, please call the InfinityRx Help Desk at 1-888-927-3499.

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