

Most covered, insured, eligible patients will pay \$0*

No activation required.

Restrictions and limitations apply.*

Out of pocket costs may vary.

\$0 Copay*

RxBIN: 610524
RxPCN: Loyalty
RxGRP: 50777358
ID: 1175175966

*Restrictions and limitations apply. Please see reverse side for Terms, Conditions, and Eligibility Criteria.





*Please see reverse side for Terms, Conditions, and Eligibility Criteria for the Mayne Pharma Patient Savings Program.



To the Patient: Terms, Conditions, and Eligibility Criteria:

1. This offer is valid only for patients with commercial prescription drug insurance and is good for use only with Mayne Pharma products at the time the prescription is filled by the pharmacist and dispensed to the patient. **2.** Depending on your insurance coverage, most covered, insured, eligible patients will pay \$0 for their prescription. Most uncovered, insured, eligible patients may pay as little as \$65. Maximum reimbursement limits apply; patient out-of-pocket expenses may vary. **3.** This card is not valid for prescriptions submitted for reimbursement to Medicare, Medicaid, other federal or state programs (including any state pharmaceutical assistance programs), or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit plan for retirees. **4.** Each card is valid for a 30-day supply for each use; all prescriptions must be filled before the program expires on 12/31/20. **5.** Mayne Pharma reserves the right to rescind, revoke, or amend this offer without notice. **6.** Offer good only in the USA at participating retail pharmacies. **7.** Void if prohibited by law, taxed, or restricted. **8.** This card is not transferable. Selling, purchasing, trading, or counterfeiting this card is prohibited by law. **9.** This card expires on December 31, 2020. **10.** By redeeming this card, you acknowledge that you are a commercially insured, eligible patient, and that you understand and agree to comply with the terms and conditions of this offer.

For Massachusetts and California residents, the Copay Card is not valid for any prescription drug that has an AB rated generic equivalent as determined by the United States Food and Drug Administration. For Massachusetts residents, this program shall expire on or before January 1, 2021.

To the Pharmacist:

When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription.

- Submit transaction to McKesson Corporation using RxBIN #610524
- If primary commercial prescription insurance exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response
- See "To the Patient" section above for the Terms, Conditions, and Eligibility Criteria for this program
- Acceptance of this card and your submission of claims for the Mayne Pharma Patient Savings Program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc

For questions regarding setup, claim transmission, patient eligibility, or other issues, call the LoyaltyScript® for Mayne Pharma Patient Savings Program at 1-877-264-2440 (8 AM to 8 PM ET, Monday through Friday).

To report a suspected adverse reaction from one of our products, please contact Mayne Pharma at 844-825-8500 or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.



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1240 Sugg Parkway, Greenville, NC 27834, PM-US-DOR-0088, 7/20.

Dear Pharmacist:

I have given my commercially insured patient a Mayne Pharma Patient Savings Card for his/her prescription.

It is only valid for Mayne Pharma products. Therefore:

- Please fill the prescription as written and DO NOT SUBSTITUTE
- Depending on their insurance coverage, most insured, covered, eligible patients will pay \$0 for each 30-day supply until the expiration date on the Mayne Pharma Patient Savings Card or the maximum reimbursement limit has been reached
- Most insured, uncovered, eligible patients will pay as little as \$65 for DORYX MPC or \$65 for FABIOR Foam, SORILUX Foam, or LEXETTE Foam. Maximum reimbursement limits and quantity limits apply; patient out-of-pocket expenses may vary.

To apply the Mayne Pharma Patient Savings Card discount:

- Process a coordination of benefits (COB) transaction using the patient's prescription insurance for the primary claim
- Please verify that you are running this card as a secondary claim, utilizing an "8" in the "Other Coverage" code field
- The secondary claim will reduce insured, eligible patients' out-of-pocket cost to \$0 if their copay does not cause the reimbursement to exceed the maximum for the program. Maximum reimbursement limits and quantity limits apply; patient out-of-pocket expenses may vary

If the claim is rejected due to prior authorization or NDC block:

- Please submit using a "3" in the "Other Coverage" code field. RxBIN #610524
- The secondary claim will reduce insured, eligible patients' out-of-pocket cost to as little as \$65 if their copay does not cause the reimbursement to exceed the maximum for the program. Maximum reimbursement limits apply; patient out-of-pocket expenses may vary
- Please remember to return the Mayne Pharma Patient Savings Card to the patient for future use

Pharmacy Processing Instructions

CVS

1. Run the script as split billing with primary insurance and the Mayne Pharma Patient Savings Card. To add the Savings Card under the patient's profile, type "E" and then the prescription number from the main screen. Go to line 11 for third-party information, then "A" to add new information. Then enter the RxBIN and RxPCN numbers, and press Enter. Select the McKesson Loyalty third-party option, and enter the RxGRP and ID numbers.
2. Once the primary insurance and Mayne Pharma Patient Savings Card have been added, go to the data entry screen. On line 11 (third-party information), select the primary insurance and Savings Card, separated by a comma in that sequence.
3. Press Enter through the remaining lines, and scan your credentials.
4. If the prescription is rejected in "QT" because of a prior authorization, submit the PA to the physician via fax by selecting "PR" and following the onscreen prompts.
5. To verify that the prescription has been processed successfully, press the F12 key on your keyboard. Verify that the green light for approval shows.
6. Once this has been completed, the script should appear in "QP" with a Print Ready status. Proceed with processing the prescription just as you would with any other.

If the insurance company denies the prior authorization or the prescriber refuses to complete the steps, the patient can choose to pay for the product at the discounted, out-of-pocket rate. To run the script through the Savings Card only, run the script again as split billing with primary insurance and the Savings Card. When the script rejects in "QT," enter "BP" to bypass the primary payer and bill directly to the Savings Card.

Walgreens / Duane Reade

1. Start in the SDL, and submit the prescription to the primary insurance.
2. If the primary insurance is rejected, press Cancel, then change the plan ID to the secondary plan LOYL.
3. Press the COB/Other Coverage button. The page will normally be autopopulated with the information required.
4. Choose 3 in the Other Coverage Code field.
5. Click OK, then select the Resubmit and Sales Adjust button to reprocess the claim.

If the insurance company denies the prior authorization or the prescriber refuses to complete the steps, the patient can choose to pay for the product at the discounted, out-of-pocket rate. Follow these steps to run the script through the Mayne Pharma Patient Savings Card only.

- A. Reject through primary insurance AND Intercom Plus.
- B. Don't cash out. Ensure 30 Day Supply.
- C. Continue to step 2 of the SDL instruction. After completing the SDL, go back into Intercom Plus and cash out.