

# Office Prescribing Instructions

Access support for Women's Health products

## How to send your patient's prescription to GoodRx

Use one of the following methods:







**ePrescribe**  
GoodRx  
2400 Sand Lake Rd Suite 200  
**Orlando, FL 32809**  
**NCPDP #5755523**



**Fax**  
Prescription request form or  
the patient's prescription  
to: **(877) 219-7548**



**Phone**  
Call the prescription in to:  
**(877) 219- 7537**

Patient Copays*	Covered	Uncovered	Cash Pay
 <b>nextstellis</b> <sup>1-7</sup> (drospirenone and estretrol tablets) 3 mg/14.2 mg	<b>\$0 / \$0</b> 1 month / 3 months	<b>\$25 / \$50</b> 1 month / 3 months	<b>\$25 / \$50</b> 1 month / 3 months
 <b>Annovera</b> <sup>1-7</sup> (sepiesterone acetate and ethinyl estradiol vaginal system) Dakora 0.10 mg/0.015 mg per day	<b>\$0</b>	<b>\$365</b>	<b>\$365</b>
 <b>Imvexxy</b> <sup>1-7</sup> (estradiol vaginal inserts) 4 mg - 10 mg	<b>\$15</b>	<b>\$45</b>	<b>\$45</b>
 <b>Bijuva</b> <sup>1-7</sup> (estradiol and progesterone) capsules	<b>\$15</b>	<b>\$45</b>	<b>\$45</b>

## What's next

- GoodRx Prescription Services will find and provide the lowest available out-of-pocket cost
- Patients will be given the choice to fulfill their prescription via home delivery or preferred local pharmacy

## Questions?

Call GoodRx Prescription Services **(877) 219-7537**  
Monday to Friday 9AM - 5PM EST



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### Program Terms, Conditions, and Eligibility Criteria:

1. This offer is valid only for eligible patients and is good for use only with a valid prescription for NEXTSTELLIS or ANNOVERA at the time the prescription is filled by the pharmacist and dispensed to the patient. 2. Depending on insurance coverage, most covered, insured, eligible patients will pay \$0 for their prescription. Insured, eligible patients may incur out of pocket costs. Maximum reimbursement limits apply; patient out-of-pocket expenses may vary. 3. This offer is not valid for use by patients enrolled in Medicare, Medicaid, or other federal or state programs (including any state pharmaceutical assistance programs), or private indemnity or HMO Insurance plans that reimburse the patient for the entire cost of the prescription drugs. Patients may not use this offer if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees. 4. All prescriptions must be filled before the program expires on 12/31/23. 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.

\*Restrictions and limitations apply. Please see terms, conditions, and eligibility criteria. Out of pocket cost may vary. Pricing subject to change.

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