

Office Prescribing Instructions

Access support for Mayne Pharma products

GoodRx Prescription Services, powered by CoAssist, streamlines prescribing and helps patients access their therapies affordably, quickly, and conveniently.

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

How to send your patient's prescription to GoodRx*

Use one of the following methods:



e-Prescribe to GoodRx:
GoodRx
2400 Sand Lake Rd Suite 200,
Orlando, FL 32809
NCPDP #5755523








Call the prescription in to: **1-877-219-7537**



Fax the Prescription Request Form or the patient's prescription to: **1-877-219-7548**

PATIENT COPAYS*

products†	Covered	Uncovered	Cash Pay
 nextstellis [®] (drospirenone and estrol tablets) 3 mg/14.2 mg	\$0 / \$0 1 month / 3 months	\$25 / \$50 1 month / 3 months	\$25 / \$50 1 month / 3 months
 Annovera [®] (levonorgestrel and ethinyl estradiol vaginal system) Dakora 0.15 mg/0.013 mg per day	\$0	\$365	\$365
 Imvexxy [®] (estradiol vaginal inserts) 4 mg - 10 mg	\$15	\$45	\$45
 Bijuva [®] (estradiol and progesterone) capsules 0.5mg/0.01mg 1mg/0.02mg	\$15	\$45	\$45
 vitaMedMD [®] One Rx [™] #prescribe vitaTrue	N/A	N/A	\$35

† products not studied in combination use

* Subject to change. Full eligibility criteria, terms, and conditions included below.

Questions?

Call GoodRx Prescription Services (877) 219-7537

Monday to Friday 9AM - 5PM EST



Program Terms, Conditions, and Eligibility Criteria:

1. THIS IS NOT HEALTH INSURANCE. Eligible patients must have a commercial medical or prescription insurance plan, be uninsured, or have an insurance plan that does not cover the prescription. **2.** Deductible and Prior Authorization requirements may apply. Patients must meet applicable commercial insurance deductible requirements and Prior Authorization submission requirements as determined by their commercial insurers. **3.** This offer is valid only for eligible patients and is good for use only with a valid prescription for NEXTSTELLIS, ANNOVERA, IMVEXXY, BIJUVA, or noted Prenatal Vitamins at the time the prescription is filled by the pharmacist and dispensed to the patient. **4.** Depending on insurance coverage, most covered, insured, eligible patients will pay \$0 for their NEXTSTELLIS or ANNOVERA prescription. **5.** Depending on insurance coverage, most covered, insured, eligible patients will pay \$15 for their IMVEXXY or BIJUVA prescription. **6.** Insured, eligible patients may incur out-of-pocket costs. Maximum reimbursement limits apply; patient out-of-pocket expenses may vary. **7.** This Copay Savings offer is not valid for use by patients enrolled in TRICARE, Medicare, Medicaid, Medicare Advantage, Medicare Part D, Medigap, VHA, DOD, IHS any other federal or state-funded 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. **8.** Patients who move from commercial to federally funded or state-funded insurance will no longer be eligible for the Program. **9.** This Copay Savings Card offer is not transferable. Selling, purchasing, trading or counterfeiting this Copay Savings Card offer is prohibited by law. **10.** Patients may not seek reimbursement for the value received from the Copay Savings Card from any third-party payers, including flexible spending accounts ("FSAs") or healthcare savings accounts ("HSAs"). **11.** All prescriptions must be filled before the program expires on 12/31/24. **12.** Mayne Pharma reserves the right to rescind, revoke or amend this offer without notice. **13.** Offer good only in the USA at participating retail pharmacies. **14.** Void if prohibited by law, taxed, or restricted. **15.** Restrictions and limitations apply. Out-of-pocket cost may vary. Pricing is subject to change.

Please refer to the website for full program Eligibility Criteria, Terms and Conditions; <https://www.maynepharma.com/us-products/>

Copyright © Mayne Pharma Commercial, LLC All rights reserved.

MAYNE PHARMA and the MAYNE PHARMA logo are registered trademarks of Mayne Pharma International Pty Ltd.

BIJUVA, the BIJUVA logo, IMVEXXY, the IMVEXXY logo, VITATRUE, VITAMEDMD and the VITAMEDMD logo are registered trademarks of TherapeuticsMD, Inc. QUATREFOLIC is a registered trademark of Gnosis SPA.

ANNOVERA is a registered trademark of The Population Council, Inc.

NEXTSTELLIS and the Silhouette logo are owned by and licensed from ESTETRA SRL.

All other trademarks are the property of their respective owners.