

# Access support for Mayne Powered by vitaCare™

vitaCare™ works closely with patients, healthcare providers, and pharmacies to provide access for appropriate patients

## What to expect

- Have the patient call vitaCare™ at **888-765-6732**
- Your patient will receive a text and phone call from vitaCare™
- Verification of patient's insurance coverage and out-of-pocket cost
- All eligible savings programs automatically applied
- Communication to the HCP if Prior Authorization is required
- Keeping patients informed of prescription status
- Choice of free home delivery or local pick-up at the patient's preferred pharmacy

## Here's how it works:

Send your patient's prescription to vitaCare™ Prescription Services via one of the following methods:



**ePRESCRIBE to  
vitaCare Prescription Services**  
951 Yamato Road, Suite 160  
Boca Raton, FL 33431  
**NCPDP #5728045**

*\*Trouble finding vitaCare in your EHR?  
Try searching under mail-order pharmacy*



**FAX**  
The prescription request form  
or the patient's prescription to:  
**800-891-4320**



**PHONE**  
Call the prescription in to:  
**888-765-6732**

vitaCare™ Patient Copays*	Covered	Uncovered	Cash Pay
 nextstellis <sup>1-7</sup> (drospirenone and estetrol 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 <sup>1-7</sup> (segesteron acetate and ethinyl estradiol vaginal system) Delivers 0.15 mg/0.013 mg per day	\$0	\$365	\$365
 Imvexxy <sup>3-7</sup> (estradiol vaginal inserts) 4 mcg • 10 mcg	\$15	\$45	\$45
 Bijuva <sup>3-7</sup> 1mg/100mg (estradiol and progesterone) capsules	\$15	\$45	\$45

## Questions

Call vitaCare™ Prescription Services at **888-765-6732** or email [MayneSupport@vitaCareRx.com](mailto:MayneSupport@vitaCareRx.com)  
**Monday to Friday 8AM - 8PM EST | Saturday 9AM - 5PM EST**

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. For more information please contact [sales@vitacarerx.com](mailto:sales@vitacarerx.com) or visit our website at [vitacarerx.com](http://vitacarerx.com).

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3301 Benson Drive, Raleigh, NC 27609



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