



**\$0 Copay\*** for most eligible  
**covered patients**

RxBIN: 025706  
RxPCN: IFX

RxGRP: MP01  
ID: MAYN2023

Restrictions and limitations apply.  
See Program Terms, Conditions, and  
Eligibility Criteria below.



## To the Patient:

- 1. Card is activated and ready to use.**
- 2. You must be a commercially insured, eligible patient to participate in the program.**
- 3. Present this card to your pharmacy with a valid prescription for a reduction in your out-of-pocket cost.**
- 4. Maximum limitations apply.**
- 5. By using this card, you acknowledge that you meet the Program Terms, Conditions, and Eligibility Criteria below.**

**For pharmacist processing questions, please contact the pharmacy help desk at 888-927-3499.**

## 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.** 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 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 prescription. **5.** Insured, eligible patients may incur variable out-of-pocket costs; restrictions and maximum reimbursement limits apply. Pricing is subject to change. **6.** 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 or 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. **7.** Patients who move from commercial to federally funded or state-funded insurance will no longer be eligible for the Program. **8.** This Copay Savings Card offer is not transferable. Selling, purchasing, trading or counterfeiting this Copay Savings Card offer is prohibited by law. **9.** 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"). **10.** All prescriptions must be filled before the program expires on 12/31/25. **11.** Mayne Pharma reserves the right to rescind, revoke or amend this offer without notice. **12.** Offer good only in the USA at participating retail pharmacies. **13.** Void if prohibited by law, taxed, or restricted.

**Program managed by InfinityRx on behalf of Mayne Pharma.**

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