

# \$0 Copay\*

RxBIN: 637765

RxPCN: CRX

RxGRP: TCAMAY1

ID: AAWB2222

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



**Doryx<sup>®</sup>MPC**  
(Doxycycline Hyclate  
Delayed-Release Tablets)

120 mg

 **FABIOR<sup>®</sup>**  
(tazarotene) Foam, 0.1%

 **LEXETTE<sup>™</sup>**  
(halobetasol propionate)  
Topical Foam, 0.05%

**Sorilux<sup>®</sup>**   
(calcipotriene) Foam, 0.005%

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

**1.** This offer is 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. Insured, eligible patients may incur out of pocket costs. 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.** 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. **8.** This card is not transferable. Selling, purchasing, trading, or counterfeiting this card is prohibited by law. **9.** This card expires on December 31, 2023. **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, the State has set an expiration date for this program currently scheduled to expire on or before January 1, 2023 but which may be further extended.