



Both covered and denied, insured, eligible patients may pay as little as \$0*

NO ACTIVATION REQUIRED.



\$0 Copay*

RxBIN: 637765
 RxPCN: CRX
 RxGRP: TCWMRE1
 ID: REWB2222



TOLSURA
 itraconazole
 65 mg capsules

*Restrictions and limitations apply, please see below for terms, conditions, and eligibility criteria for the Mayne Pharma Patient Savings Program. Out of pocket costs may vary.



If you have questions about how to use your Mayne Pharma Patient Savings Card, please call (347)-442-7919

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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.

TO THE PHARMACIST:

When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription.

- » Submit transaction to using **RxBIN: #637765**
- » If primary commercial prescription insurance exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response
- » See "To the Patient" section above For the Terms, Conditions, and Eligibility Criteria for this program
- » Acceptance of this card and your submission of claims for the Mayne Pharma Patient Savings Program are subject to the Terms and Conditions

For questions regarding setup, claim transmission, patient eligibility, or other issues, call the Help Desk at 1-(800) 433-4893 (24-hour service, Monday through Friday, excluding holidays), and a representative will be available to assist you.

Please see Full Prescribing Information, including Black Box Warning, at www.Tolsura.com

To report a suspected adverse reaction from one of our products, please contact Mayne Pharma at 844-825-8500 or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

