



Eligibility Criteria:

To be eligible for the Copay Savings Card offer, you must:

- Be a clinically appropriate patient with a valid prescription*
- Be a patient, parent, or guardian at least 18 years of age and less than 65 years of age (indicated for adults)
- Have a commercial medical or prescription insurance plan OR you are uninsured OR product is not covered by your commercial medical or prescription insurance plan
- Not be enrolled in a federal or state funded prescription insurance program, including Tri-Care, Medicaid, Medicare, VHA, DOD, or IHS
- Not be enrolled in a commercial health plan that does not permit the use of copay assistance programs, or is a private indemnity or HMO plan
- Not have a private insurance or other program that covers the entire prescription cost
- Be a resident of the US (including the District of Columbia)
- Meet your deductible
- Fill your prescription before the program expires.

*Doctor's office visits, labs, and any other ancillary services are not included in the Copay Savings Card offer.

Terms and Conditions (Exclusions, Restrictions, and Limitations may apply):

1. This Copay Savings Card offer from Mayne Pharma Commercial, LLC ("Mayne Pharma") is valid only for clinically appropriate patients meeting the eligibility criteria above and is good for use only with a valid prescription for the indicated product at the time the prescription is filled by the pharmacist and dispensed to the patient. Copay Savings Card offer is limited to one card per patient.
2. Eligible patients must have a commercial medical or prescription insurance plan, be uninsured, or have an insurance plan that does not cover the prescription.
3. Depending on insurance coverage, covered, commercially insured, eligible patients will pay \$0 copay for their prescription. Insured, eligible patients may incur out of pocket costs.
4. This Copay Savings Card offer is limited to a 30-day supply per prescription up to a maximum of 12 months of supply of any one prescription per patient. Maximum reimbursement limits may apply. Patient out-of-pocket expenses may vary.
5. 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.
6. This Copay Savings Card 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.
7. This Copay Savings Card offer is not valid for patients enrolled in commercial health plans that do not permit the use of copay assistance programs OR for patients enrolled in a private indemnity or HMO Insurance plan that reimburses the patient for the entire cost of the prescription drugs.
8. 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.
9. Patients who move from commercial to federally funded or state-funded insurance will no longer be eligible for the Program.
10. This Copay Savings Card offer is subject to change. Mayne Pharma reserves the right to rescind, revoke, or amend this offer without prior notice.
11. This Copay Savings Card offer is only valid in the United States, unless prohibited by law, and may be redeemed at participating retail pharmacies.
12. Void if prohibited by law, taxed, or restricted.
13. This Copay Savings Card offer is not transferable. Selling, purchasing, trading, or counterfeiting this Copay Savings Card offer is prohibited by law.
14. 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").
15. If at any time a previously eligible covered patient begins receiving insurance coverage under any federal-, state-, or other government-funded healthcare insurance program, the patient is no longer eligible for reimbursement pursuant to the Copay Savings Card offer and must call the Copay Savings Card benefit manager Apollo Care to stop participation at 347-442-7919.
16. Other restrictions may apply.
17. This is not health insurance.

By redeeming this Copay Savings Card offer, you, the patient, parent or guardian, 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 questions about this Copay Savings Card offer please call Apollo Care at 347-442-7919.

Pharmacist Instructions for a patient with an eligible third-party payor: When you submit a claim to redeem this Copay Savings Card offer from Mayne Pharma, you certify that you have not submitted and will not submit a claim for reimbursement under any federal-, state-, or other government-funded programs for this prescription. Valid Other Coverage Code is required. Reimbursement will be received from Change Healthcare. For any questions regarding online processing, please call the Help Desk at 1-800-433-4893. Program managed by Apollo Care on behalf of Mayne Pharma.

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Covered, commercially insured, eligible patients will pay as little as

\$0 Copay*

RxBIN: 025706

RxPCN: IFX

RxGRP: MP01

ID: MAYN2023

*Subject to change. Exclusions, restrictions, and limitations apply. See Eligibility Criteria, Terms, & Conditions below. **This is not health insurance.**

Rhofade
(glymezone HCl) cream, 1%

Wynzora
(calcipotriene and betamethasone dipropionate) Cream, 0.005%/0.05%

EPSOLAY
(benzoyl peroxide) cream, 5%

TWYNEO
(tretinoin and benzoyl peroxide) cream, 0.1%/3%

