

Insured, eligible patients may pay as little as \$0 for their SOLTAMOX prescription

Restrictions and limitations apply.*

Most covered, insured, eligible patients may pay \$0 for a **SOLTAMOX** prescription.

 **soltamox**[®]
(tamoxifen citrate)
oral solution

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

*Restrictions and limitations apply. Please see below for Terms, Conditions, and Eligibility Criteria. Out of pocket costs may vary.

 maynepharma

No activation required. Provide copay card information to your pharmacist

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

Most covered, insured, eligible patients **may pay as little as \$0** for their **SOLTAMOX** prescription. Uncovered, insured, eligible patients may pay as little as \$60

*Restrictions and limitations apply. Please see below for Terms, Conditions, and Eligibility Criteria. Out of pocket costs may vary.

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 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
- Acceptance of this card and your submission of claims for the Mayne Pharma Patient Savings Program are subject to the Terms and Conditions
- If the claim does not adjudicate or if you have questions, please 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.soltamox.com

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