

You Deserve Savings...

**TEXT "YEAR" TO 38745\*\***

**Annovera**<sup>®</sup>  
(segesterone acetate and  
ethinyl estradiol vaginal system)  
Delivers 0.15 mg/0.013 mg per day

**BIN: 637765**  
**PCN: CRX**

**Group: TCWMRE1**  
**ID: REWB2222**

**mayne**pharma

*\*Offer subject to change.  
See Terms and Conditions.*

**PAY AS LITTLE AS \$0\***

**Program Terms, Conditions, and Eligibility Criteria:**

**1.** This offer is valid only for eligible patients and is good for use only with a valid prescription for ANNOVERA at the time the prescription is filled by the pharmacist and dispensed to the patient. **2.** Depending on 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 offer is not valid for use by patients enrolled in Medicare, Medicaid, or other federal or state 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. **4.** Mayne Pharma reserves the right to rescind, revoke, or amend this offer without notice. **5.** Offer good only in the USA at participating retail pharmacies. **6.** Void if prohibited by law, taxed, or restricted. **7.** This card is not transferable. Selling, purchasing, trading, or counterfeiting this card is prohibited by law.

**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 questions about this program please call 347-442-7919.**

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