

**Program Terms, Conditions, and Eligibility Criteria:** **1.** This offer is valid only for eligible patients with commercial insurance coverage that does not cover the full cost of the prescription. This offer is good for use only with a valid prescription for Amzeeq™ (minocycline) topical foam, 4% at the time the prescription is filled by the pharmacist and dispensed to the patient. **2.** Depending on your insurance coverage, eligible patients may pay as little as **\$35** for up to **12** prescription fills of Amzeeq™. Maximum savings limit applies; patient out-of-pocket expense 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). 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.** Each card is valid for up to 12 prescription fills. **5.** Foamix reserves the right to rescind, revoke, or amend this offer without notice. **6.** Offer good only in the USA, including Puerto Rico, at participating retail pharmacies. **7.** Void if prohibited by law, taxed, or restricted. **8.** This card is not transferable. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. **9.** This card has no cash value and may not be used in combination with any other discount coupon, discount card, rebate, free trial, or similar offer for the specified prescription. **10.** This offer is not health insurance. **11.** This card expires 12/31/2021. **12.** By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer. **13.** Patients, pharmacists, and prescribers cannot seek reimbursement from any payor or third party for any part of the benefit received by the patient through this offer. **14.** Coupon savings may not exceed the patient's actual out-of-pocket cost. For questions about this program, please call **1-855-965-1334**.

**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.

- Submit the claim to the primary third-party payer first and then submit the balance due to Change Healthcare as a Secondary Payer COB [coordination of benefits with patient responsibility amount and a valid Other Coverage Code, (e.g. 8)]. The patient's out-of-pocket expense will be reduced up to the maximum savings limit for the program. Reimbursement will be received from Change Healthcare. Valid Other Coverage Code required.
- For any questions regarding Change Healthcare online processing, please call the Help Desk at **1-800-433-4893**. Program managed by COMP on behalf of Foamix.