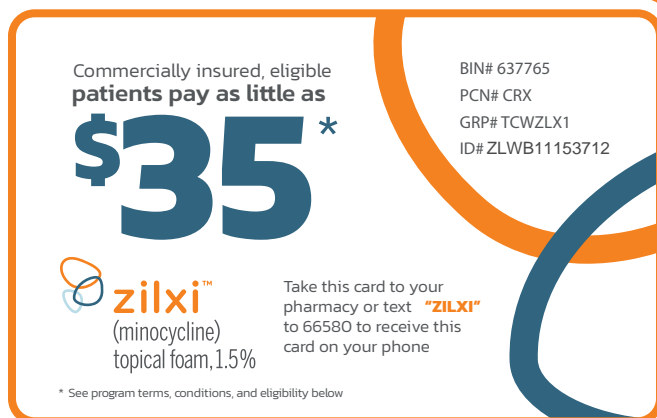


 **zilxi™**
(minocycline)
topical foam, 1.5%

Start saving on ZILXI™
Use this card today!

If you are unsure about your health insurance, please talk to your pharmacist.



Print this saving card sheet and present to your pharmacist to fill your ZILXI prescription



Pay as little as \$35 for your prescription



Text "ZILXI" to 66580 to receive this card on your phone

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 Zilxi™ (minocycline) topical foam, 1.5% 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 Zilxi™. Maximum savings limit applies; patient out-of-pocket expense may vary. **3.** This offer is not valid for patients without commercial insurance coverage or those whose prescription claims may be reimbursed, in whole or in part, by any governmental program, including Medicare, Medicaid, Medicare Part D, Medigap, DOD, VA, TRICARE/CHAMPUS, or any State Patient or Pharmaceutical Assistance Program. 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 at any time without notice. **6.** Offer good only in the USA and Puerto Rico, at participating retail pharmacies. **7.** Void if prohibited by law, taxed, or restricted. **8.** This card is not transferable. No other purchase is necessary. 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 attest that you meet the eligibility criteria and will comply with the Programs Terms and Conditions of this offer. You agree to notify your insurance carrier of your redemption of this offer if required to do so under the terms of your insurance coverage for this prescription or otherwise required to do so by law. You should not use this offer if your insurer prohibits the use of manufacturer copay cards. **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. **15.** Data related to your redemption of this offer may be collected, analyzed, and shared with Foamix for market research and other purposes related to assessing Foamix's programs. Data shared with Foamix will be aggregated and de-identified. It will not identify you. For questions about this program, please call 1-347-334-6785.

Pharmacist instructions for a patient with an eligible third-party payer: When you redeem this card, you certify that the claim complies with the offer Terms, Conditions, and Program Eligibility set forth above. You further certify that you have not submitted, nor will submit, a claim for reimbursement under any federal, state, or other governmental program for this prescription. This card must be accompanied by a valid prescription and can only be used by one patient.

- 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.