

Your patients can pay as little as \$5 for their VIVJOA[®] (oteseconazole) capsules prescription

VIVJOA SAVINGS PROGRAM

PAY AS
LITTLE AS **\$5** WITH
THIS CARD

Rx BIN: 025706 **Rx GRP:** WCMYC4001

Rx PCN: IFX **Rx ID:** 11117061076

Additional terms and eligibility criteria may apply.
Patients must be commercially insured to be eligible
for the VIVJOA Savings Program.

Please see full [Prescribing Information](#) and
[Important Safety Information](#) at [VIVJOA.com](#).

vivjoa[®]
(oteseconazole capsules)
150 mg per capsule, for oral use



Speak to your eligible patients about this savings offer

Please see reverse for additional terms and eligibility criteria. Patients must be commercially insured in order to be eligible for the VIVJOA Savings Program.

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With the VIVJOA® (oteseconazole) Savings Card, eligible commercially-insured patients may pay as little as \$5, up to the maximum benefit. Patients with prescription coverage through any type of federal or state government-funded program (eg, Medicare, Medicaid, TRICARE, Veterans Administration [VA]) are not eligible. Offer is valid for one use every calendar year. A valid Prescriber ID# is required on the prescription. By participating in this program, the patient and pharmacy acknowledge that, at the time of usage, the patient meets the eligibility criteria and complies with the following terms and conditions

Instructions to Pharmacist: Submit the claim to the primary Third-Party Payer first. Then submit the balance due to the Secondary Payer, **Infinity Rx**, as a copay-only billing, using a valid Other Coverage Code (eg, 8). The patient may pay as little as \$5 and the card pays up to the maximum benefit. Reimbursement will be received from **Infinity Rx**. For any questions regarding **Infinity Rx** processing, please call their Pharmacy Help Desk at 1-888-927-3499. The VIVJOA savings card, with its related reimbursement, is offered in support of all ethical standards of the pharmacy profession.

Terms and Conditions: This offer is valid in the United States and is subject to change at any time. Offer not valid for prescriptions reimbursed under a Medicare drug benefit plan, Medicaid, TRICARE, Veterans Administration [VA], or other federal or state government-funded program. The patient must use the Program for a valid prescription of VIVJOA at a participating pharmacy, and the patient and participating pharmacy are each obligated to inform the insurance plan of any benefit received under the Savings Program and may not participate if the Savings Program conflicts with the plan's policy. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable, is limited to one offer per person per calendar year, and cannot be combined with any other offer. Mycovia Pharmaceuticals, Inc., reserves the right to rescind, revoke, or amend this offer without notice at any time. Void where prohibited by law.

Please see full [Prescribing Information](#) and [Important Safety Information](#).