



MEDICARE PART D ALTERNATIVE COUPON PROGRAM OPT OUT LETTER TO HEALTH PLAN

To whom it may concern:

I am an enrollee in your prescription drug plan, and this Opt Out Letter advises you that I have been prescribed Bijuva[®] 1mg/100mg oral capsules by my physician. I am purchasing Bijuva[®] outside of my insurance benefit with the Bijuva[®] Medicare Part D Alternative Coupon Program card sponsored by Mayne Pharma.

This Opt Out Letter is not a request for reimbursement, as I have agreed to not seek reimbursement for my purchase of Bijuva[®] in accordance with the Terms and Conditions of the Bijuva[®] Medicare Part D Alternative Coupon Program card. If I am an enrollee in Medicare Part D or a Medicare Advantage prescription drug plan, I also have agreed that I will not count my purchases toward my true out-of-pocket expenses (TrOOP), and I will continue to use the Bijuva[®] Medicare Part D Alternative Coupon Program card for as long as I take the medication during the calendar year.

If you have questions about the medication or the Bijuva[®] Medicare Part D Alternative Coupon Program card, please contact Mayne Pharma at 1-800-344-8661, Monday to Friday from 8 am to 5 pm EST.

Name _____

Date _____

Prescription Plan _____

Date of Birth _____

Prescription Plan Membership ID Number _____