



**CovARYX**<sup>®</sup>  
(esterified estrogens and  
methyltestosterone tablets,  
1.25mg/2.5mg)

CovARYX<sup>®</sup>  
NDC 11528-010-01

When filling your CovARYX<sup>®</sup> prescription,  
ensure that your medication is a light yellow,  
capsule shaped tablet, debossed with "C010."



**CovARYX HS**  
(esterified estrogens and  
methyltestosterone tablets,  
0.625mg/1.25mg)

CovARYX<sup>®</sup> HS  
NDC 11528-020-01

When filling your CovARYX<sup>®</sup> HS prescription, ensure  
that your medication is a light pink, capsule shaped  
tablet, debossed with "C020."

**This mail-in rebate is intended to  
help with the cost of your medication.**

Rebates are not valid for prescriptions reimbursed under federally funded health care programs, including Medicare or Medicaid as well as similar state medical assistance programs. Offer void where prohibited by federal or state law or taxed. Offer good only in USA. Void in Minnesota, Massachusetts, Michigan, Rhode Island, except for prescriptions that are NOT reimbursed by third-party payer. Not responsible for lost, stolen or misdirected checks. Manufacturer reserves the right to rescind, revoke, or amend this offer without notice.

By my signature below, I certify that I am not being reimbursed for this product by Medicare or Medicaid, any other federal or state program, including any state pharmaceutical assistance program or any other third-party payers. I also understand that I am responsible for any reporting or other requirements with respect to receipt of this rebate.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Physician Name: \_\_\_\_\_

I have complied with all the terms of this offer.

Signature *(must be signed in order to be valid)*

**Submit:** This offer certificate must be filled out completely along with your dated proof of purchase receipt from the pharmacy. Original receipt must include product name, number of tablets and cost to patient.

**Send to:** Centrix Pharmaceutical, Inc.  
Attn: Rebate Program  
951 Clint Moore Road, Suite A  
Boca Raton, FL 33487

**Receive:** \$30 refund check for prescription of 30 tablets or more.\*

\*Not to exceed patient copay.

Please allow 8 weeks for delivery.



Please provide future email communications regarding  
CovARYX<sup>®</sup> rebate offers

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**Centrix Pharmaceutical Is  
Pleased to Offer a \$30  
Mail-in Rebate of**

**CovARYX**<sup>®</sup>  
(esterified estrogens and  
methyltestosterone tablets,  
1.25mg/2.5mg)

**CovARYX HS**  
(esterified estrogens and  
methyltestosterone tablets,  
0.625mg/1.25mg)

✓ A \$30 mail-in rebate is available  
for prescriptions of CovARYX<sup>®</sup>  
or CovARYX<sup>®</sup> HS.\*

\*Not to exceed patient copay.



**This mail-in rebate is intended to help  
with the cost of your medication.**