

Valuable Coupon

Save up to \$ **40**
on 4 prescriptions
(see eligibility criteria on reverse side)

Pharmacist: Therapy First Plus has been authorized to reimburse you up to \$40 of the patient's out-of-pocket expense after the patient pays an initial \$10 out-of-pocket expense. For reimbursement, please follow the instructions below: **For a Patient Paying Cash:** Please submit this claim to **Therapy First Plus**. A valid other coverage Code is required. The patient's payment will be reduced by up to \$40 after they have paid an initial out-of-pocket cost of \$10 and you will receive this in your next reimbursement from **Therapy First Plus** plus a handling fee. **For a Patient Paying with an Authorized Third Party:** Submit the claim to the Primary Third Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer as a co-pay only billing, using Other Coverage Code Indication. The patient's payment will be reduced by up to \$40 after they have paid an initial out of pocket cost of \$10 and you will receive this in your next reimbursement from **Therapy First Plus** a handling fee. Other Coverage Code Indication Required.

Cannot be combined with any other offers.

Lycelle[™]
HEAD LICE REMOVAL KIT

For more information,
please visit lycelle.com

To redeem: **1.** Take your prescription for the Lycelle[®] Kit, along with this coupon, to your participating pharmacy. **2.** Give both your signed prescription and this coupon to the pharmacist. Be sure to get the coupon back as it is good for 4 uses. **3.** You will be responsible for the first \$10 of your out-of-pocket expense for each fill. You will then receive up to \$40.00 off your remaining out-of-pocket expense for your prescription. You will be responsible for any additional out-of-pocket cost if it exceeds this amount. Be sure to follow instructions on how to use the Lycelle[®] Kit.

See important Safety Information on back.

Pharmacist: Submit this claim information to **Therapy First Plus:**

Bin: 004682

RxPCN: CN

Group ID: LCLYC374

ID#: LYC195842976

Important Safety Information

LYCELLE® Kit removes both head lice and their eggs from hair of adults and children two years of age and older. Additional kits may be needed for hair longer than shoulder length.

WARNINGS

1. LYCELLE® Kit should only be used on children two years of age or older and under the direct supervision of an adult. **2.** LYCELLE® Gel can irritate the eyes. Caution should be exercised when applying the product to avoid exposure to the eyes. Protect the eyes of the person Lycele® Gel is being used on with a washcloth or towel and have them keep eyes tightly closed during Gel administration. If the product comes into contact with the eyes, immediately flush thoroughly with water. Consult a physician if eye irritation persists. **3.** If skin irritation occurs, discontinue use of the product. **4.** Slight stinging sensations may occur with the use of the LYCELLE® Kit. This may be due to LYCELLE® Kit coming into contact with broken skin that is already irritated due to the presence of existing lice bites. **General:** KEEP OUT OF THE REACH OF CHILDREN. The person LYCELLE® Gel is being used on, should close eyes tightly during application of Gel. As with any topical product, the person applying LYCELLE® Gel should wash his or her hands immediately after application. LYCELLE® Kit should only be used on children two years of age or older under the direct supervision of an adult. Safety of LYCELLE® Kit has not been evaluated in patients over 60 years of age.

Available by prescription only.

Please see Safety Information. LYC-04 Rev 0312



Eligibility Criteria: **1.** This coupon is not valid for prescriptions purchased under Medicaid, Medicare, TRICARE, federal or state programs (including any state prescription drug programs), or private indemnity or HMO insurance plans which reimburse you for the entire cost of your prescription drugs. **2.** Coupon is limited to 1 per patient for up to 4 uses per coupon and is not transferable. **3.** Offer good only in the U.S. **4.** Mission Pharmacal reserves the right to rescind, revoke or amend this offer without notice. **5.** You understand and agree to comply with the terms and conditions of this offer as set forth above. Offer void in Massachusetts. Void if prohibited by law, taxed or restricted. **Pharmacists only:** For any questions regarding **Therapy First Plus** online processing, please call the Help Desk at 1-800-422-5604. If your pharmacy is not part of the contracted network, please contact your headquarters and ask them to contact **Therapy First Plus**. I certify that I have received this coupon from an eligible person and have dispensed the product as indicated. I certify that my participation in this program is in compliance with all applicable state laws and my obligations, contractual or otherwise, that I have as a pharmacy provider. I also agree to retain the coupon for 3 years or as otherwise required by law, whichever is longer, and to grant Mission Pharmacal the right to audit any of my submissions.

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