

Prednisolone Sodium Phosphate Oral Solution

Rx Only

Equivalent to prednisolone
25 mg/5 mL

Save up to \$ **35**
on 2 oz. or more
Subject to eligibility. Restrictions apply.
See reverse side.

VALUABLE COUPON

For more information, please visit prednisolone25.com

Instantly reduce your out-of-pocket cost with this coupon.

To redeem: 1. Take your prescription for Prednisolone Sodium Phosphate Oral Solution, 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 so you can reuse it with future refills. 3. You will be responsible for the first \$15 of your out-of-pocket expense for each fill. 4. You will then receive up to \$35 off your remaining out-of-pocket expense. You will be responsible for any additional out-of-pocket costs if it exceeds this amount. 5. Be sure to follow your doctor's instructions on how to use Prednisolone Sodium Phosphate Oral Solution. **Please see full Prescribing Information available at prednisolone25.com.**

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

Bin: 004682

RxPCN: CN

Group ID: LCMST733

ID#: MST852775232

Pharmacist: Therapy First Plus has been authorized to reimburse you up to \$35 of the patient's out-of-pocket expense after the patient pays an initial \$15 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 \$35 after they have paid an initial out-of-pocket cost of \$15 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 this claim to the Primary Third Party Payer first; then submit the balance due to **Therapy First Plus**, as a Secondary payer "patient responsibility amount" using a Valid Other Coverage Code Indication. The patient's payment will be reduced by up to \$35 after they have paid an initial out-of-pocket cost of \$15 and you will receive this in your next reimbursement from **Therapy First Plus** plus a handling fee. Other Coverage Code Indication Required. Cannot be combined with any other offer.

Please see full Prescribing Information available at prednisolone25.com

Available by prescription only.
PSP004 R0615



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. You may use this coupon if your non-coverage for Prednisolone Sodium Phosphate Oral Solution is verified, are paying cash, and no claim is submitted to Medicare. 2. Coupon limited to 1 per patient for unlimited 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. **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 contractual 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 obligation, 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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Administered by
MM Health Solutions™

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