Mission® PHARMACAL

Rx Only

Savings Card

SAVE up to $50* AFTER PATIENT PAYS FIRST $15

Texacort® Topical Solution 2.5%
HYDROCORTISONE TOPICAL SOLUTION

SAVINGS CARD VALID FOR ONE OR BOTH PRODUCTS

Products prescribed separately.

SAVE up to $40* AFTER PATIENT PAYS FIRST $15

Eletone® Cream with Hydrolipid Technology

*Subject to eligibility. Restrictions apply. **This savings card is not valid for prescriptions purchased under Medicaid or Medicare.**

Instantly reduce your out-of-pocket cost with the Savings Card below.

Patient Instructions:

1. Present this savings card to your pharmacist with your prescription.
2. Be sure to get the card back so you can reuse it.
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 $50 off your remaining out-of-pocket expense for Texacort and $40 off your remaining out-of-pocket expense for Eletone Cream. 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 these therapies.

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Utilize the information below when submitting a claim to Therapy First Plus:

BIN# 004682 Group ID: LCLYC374
RxPCN: CN ID#: LYC195842976

Please see full Prescribing Information at missionpharmacal.com.

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Important Notice:
Pharmacist: Therapy First Plus has been authorized to reimburse you up to $50 on TEXACORT® and $40 on ELETONE® CREAM 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 $50 for TEXACORT and $40 for ELETONE CREAM 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 the claims to the Primary Third Party Payer first, then submit the balance due to **Therapy First Plus**, as a Secondary payer patient responsibility amount using Other Coverage Code Indication. The patient's payment will be reduced by up to $50 for TEXACORT and $40 for ELETONE CREAM 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 offers.

Available by prescription only.

Please see full Prescribing Information available at missionpharmacal.com.

PHR-052 Rev 0614

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Eligibility Criteria: 1. This savings card 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.** Savings card is limited to 1 per patient and is not transferable. **3.** Offer good only in the U.S. and Puerto Rico. **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 savings card 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 savings card 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.

Available by prescription only. Products prescribed separately.

Please see full Prescribing Information available at missionpharmacal.com. PHR-052 Rev 0614

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Administered by

MediMedia Health™

PHR_T4384 Rev 0315