

Rx Only

TINDAMAX[®]
(tinidazole tablets)^{250 mg}_{500 mg}

save \$**40**
up to

on your prescription with unlimited uses
(Subject to eligibility. Restrictions apply. See reverse side.)



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

Bin: 004682

RxPCN: CN

Group ID: LCLYC374

ID#: LYC195842976

WARNING: POTENTIAL RISK FOR CARCINOGENICITY

Carcinogenicity has been seen in mice and rats treated chronically with metronidazole, another nitroimidazole agent. Although such data have not been reported for tinidazole, the two drugs are structurally related and have similar biologic effects. ***Its use should be reserved for the conditions described in INDICATIONS AND USAGE.***

Please see Important Safety Information and full Prescribing Information enclosed, including boxed warning.

TINDAMAX[®]
(tinidazole tablets)^{250 mg}_{500 mg}

How to redeem your TINDAMAX savings card:

1. Take your prescription for TINDAMAX, along with this savings card, to your participating pharmacy.
2. Give both your signed prescription and this savings card to the pharmacist. Be sure to get the savings card back so that you can reuse it.
3. Be sure to follow your doctor's instruction on how to take TINDAMAX. More information about TINDAMAX will come with your prescription.

Cannot be combined with any other offers.

For more information, please visit tindamax.com.



TIN-115 Rev 0214

Copyright © 2014 Mission Pharmaceutical Company. All rights reserved.



Please see Important Safety Information and full Prescribing Information enclosed, including boxed warning. Available by prescription only.

- Drug Resistance—Patients should be counseled that antibacterial drugs including TINDAMAX should only be used to treat bacterial infections. They do not treat viral infections (e.g., the common cold). When TINDAMAX is prescribed to treat a bacterial infection, patients should be told that although it is common to feel better early in the course of therapy, the medication should be taken exactly as directed. Skipping doses or not completing the full course of therapy may (1) decrease the effectiveness of the immediate treatment and (2) increase the likelihood that bacteria will develop resistance and will not be treatable by TINDAMAX or other antibacterial drugs in the future.
- Alcohol Avoidance—Patients should be told to avoid alcoholic beverages and preparations containing ethanol or propylene glycol during TINDAMAX therapy and for 3 days afterward because abdominal cramps, nausea, vomiting, headaches, and flushing may occur.
- Administration of Drug—Patients should be told to take TINDAMAX with food to minimize the incidence of epigastric discomfort and other gastrointestinal side effects. Food does not affect the oral bioavailability of tinidazole.
- PATIENT COUNSELING INFORMATION
 - Use TINDAMAX with caution in patients with blood dyscrasias. TINDAMAX may produce transient leukopenia and neutropenia.
 - Vaginal candidiasis may develop with TINDAMAX and require treatment with an antifungal agent.
 - Seizures and neuropathy have been reported. Discontinue TINDAMAX if abnormal neurologic signs develop.

WARNINGS AND PRECAUTIONS

- Seizures and neuropathy have been reported. Discontinue TINDAMAX if abnormal neurologic signs develop.
- Vaginal candidiasis may develop with TINDAMAX and require treatment with an antifungal agent.
- Use TINDAMAX with caution in patients with blood dyscrasias. TINDAMAX may produce transient leukopenia and neutropenia.
- Administration of Drug—Patients should be told to take TINDAMAX with food to minimize the incidence of epigastric discomfort and other gastrointestinal side effects. Food does not affect the oral bioavailability of tinidazole.
- Alcohol Avoidance—Patients should be told to avoid alcoholic beverages and preparations containing ethanol or propylene glycol during TINDAMAX therapy and for 3 days afterward because abdominal cramps, nausea, vomiting, headaches, and flushing may occur.
- Drug Resistance—Patients should be counseled that antibacterial drugs including TINDAMAX should only be used to treat bacterial infections. They do not treat viral infections (e.g., the common cold). When TINDAMAX is prescribed to treat a bacterial infection, patients should be told that although it is common to feel better early in the course of therapy, the medication should be taken exactly as directed. Skipping doses or not completing the full course of therapy may (1) decrease the effectiveness of the immediate treatment and (2) increase the likelihood that bacteria will develop resistance and will not be treatable by TINDAMAX or other antibacterial drugs in the future.

CONTRAINDICATIONS

- Prior history of hypersensitivity to tinidazole or other nitroimidazole derivatives
- First trimester of pregnancy
- Nursing mothers, unless breast-feeding is interrupted during tinidazole therapy and for 3 days following the last dose

WARNINGS AND PRECAUTIONS

WARNING: POTENTIAL RISK FOR CARCINOGENICITY
Carcinogenicity has been seen in mice and rats treated chronically with metronidazole, another nitroimidazole agent. Although such data have not been reported for tinidazole, the two drugs are structurally related and have similar biologic effects. ***Its use should be reserved for the conditions described in INDICATIONS AND USAGE.***



Dear 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* plus a handling fee. Other Coverage Code Indication Required.

Eligibility Criteria: 1. This savings card is not valid if the patient receives partial or full prescription drug coverage 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. 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 contracted 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 obligations, contractual or otherwise, that I have as a pharmacy provider. Mission Pharmacal has the right to audit any of my submissions.

For more information, please visit tindamax.com.

Available by prescription only.

Copyright © 2014 Mission Pharmacal Company. All rights reserved. TIN-115 Rev 0214



Administered by

MediMedia Health