

 STOP · DROP · GO®

Rx Only

Pay no more than

Texacort®
(hydrocortisone)
topical solution **2.5%**

\$ **10***

* Patient pays first \$10, Mission
Pharmaceutical pays up to \$195.
Subject to eligibility. Restrictions apply.
See reverse side.

VALUABLE COUPON

For more information, please visit texacort.com

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

To redeem: 1. Take your prescription for Texacort® Topical Solution 2.5%, 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 \$10 of your out-of-pocket expense for each fill. 4. You will then receive up to \$195 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 Texacort Topical Solution 2.5%.

Please see full Prescribing Information available at texacort.com

Pharmacist: Submit this claim information to **McKesson Corporation:**

Bin: 610524 RxPCN: Loyalty
RxGRP: 50777328 ISSUER: (80840) ID: 1221928991

To the Patient: You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the Texacort® Savings Card program at 1-877-264-2440 (8:00 AM-8:00 PM EST, Monday-Friday). When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to Medicare or Medicaid, Medigap, VA or DOD or TriCare, or where prohibited by law; and you will otherwise comply with the terms above.

To the Pharmacist: When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription. • Submit transaction to McKesson Corporation using BIN #610524 • If primary commercial prescription insurance exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response. • Acceptance of this card and your submission of claims for the Texacort Savings Card program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc • Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD or TriCare and where prohibited by law.

Please see full Prescribing Information available at texacort.com
Available by prescription only.
TEX014R0518



For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for Texacort program at 1-877-264-2440 (8:00 AM-8:00 PM EST, Monday-Friday).

Mission Pharmaceutical reserves the right to rescind, revoke or amend this offer at any time.

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 Texacort® Topical Solution 2.5% 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 Pharmaceutical 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 questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for Texacort program at 1-877-264-2440 (8:00 AM-8:00 PM EST, Monday-Friday). 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 Pharmaceutical the right to audit any of my submissions.

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McKESSON

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