

Get **\$10 OFF** on your **Tirosint®** prescriptions!



TIROSINT®
(levothyroxine sodium) capsules

For more information go to:
www.Tirosint.com

Emdeon
Therapy First Plus

BIN# 004682
PCN# CN
GRP# EC54001006
ID# 08718393341

EACH PRINTED COUPON MUST HAVE A UNIQUE ID#.
To print additional coupons, please click the browser's refresh button to generate a new unique ID#.

Patient Instructions: This coupon is provided to you as a service by Akrimax Pharmaceuticals, LLC. Redeem this coupon ONLY when accompanied by a valid prescription for Tirosint® (levothyroxine sodium) capsules. This coupon offers \$10.00 off out-of-pocket expenses of 28 gel caps or more of Tirosint® (levothyroxine sodium) capsules. This coupon is good for 18 uses and is not transferable. This offer is valid for cash paying and insured patients.

Offer not valid for prescriptions reimbursed in whole or in part under Medicaid, a Medicare drug benefit plan or other federal or state programs (such as medical assistance programs or private indemnity or HMO insurance plans that reimburse the patient for the entire cost of their prescription drug). If you are eligible for drug benefits under any such program, you cannot use this coupon. Product dispensed pursuant to program rules and federal and state laws. Void where taxed, restricted, or prohibited by law.

Pharmacist instructions for a patient with an Eligible 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 COB (coordination of benefits) with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). The patient pay amount submitted will be reduced by up to \$10.00 and reimbursement will be received from **Therapy First Plus**.

Pharmacist instructions for a cash paying patient: Submit this claim to **Therapy First Plus**. A valid Other Coverage Code (e.g. 1) is required. The patient pay amount submitted will be reduced by up to \$10.00 and reimbursement will be received from **Therapy First Plus**.

Valid Other Coverage Code required. For any questions regarding **Therapy First Plus** online processing, please call the Help Desk at **1-800-422-5604**

Patients with questions should call **1-866-264-0564**. This program may be terminated at any time without notice.

Strength:	NDC#:	Strength:	NDC#:
13mcg	24090-0490-84	100mcg	24090-0495-84
25mcg	24090-0491-84	112mcg	24090-0496-84
50mcg	24090-0492-84	125mcg	24090-0497-84
75mcg	24090-0493-84	137mcg	24090-0498-84
88mcg	24090-0494-84	150mcg	24090-0499-84

AKRIMAX
PHARMACEUTICALS



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