



TIROSINT[®]
(levothyroxine sodium) capsules

Savings Card

Emdeon
Therapy First Plus

BIN# 004682
PCN# CN
GRP# EC54001011
ID# 59168846051

Pay
as **Little**
as **\$35**^{*}
Maximum
Benefit of \$35

*For qualified patients only. Restrictions apply.
Medicare or Medicaid patients are not eligible for
this program. See program rules and eligibility
requirements on reverse side.

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

Please see accompanying full prescribing information and discuss any questions with your doctor.

Patient Instructions: In order to redeem this card you must have a valid prescription for at least 28 Tirosint[®] (levothyroxine sodium) gel capsules. Eligible patients will be responsible for the first \$35 and receive up to \$35 off their out-of-pocket expenses. Offer valid for up to 18 uses. Prescriber ID# required on prescription. **This offer is not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, or similar federal or state programs including any medical assistance programs.** Follow the dosage instructions given by the doctor. This card may not be redeemed for cash. Cardholders with questions, please call 1-866-264-0564.

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, (eg 8). The patient is responsible for the first \$35 and the card pays up to the next \$35. 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 (eg 1) is required. The patient is responsible for the first \$35 and the card pays up to the next \$35. 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.

Program managed by PSKW, LLC on behalf of Akrimax Pharmaceuticals. Akrimax reserve the right to rescind, revoke or amend this offer without notice at any time. Not valid if reproduced. Void where prohibited by law.

AKRIMAX
PHARMACEUTICALS



Marketed and Distributed by:
Akrimax Pharmaceuticals, LLC, Cranford, NJ 07016 USA
Manufactured for Akrimax Pharmaceuticals, LLC by:
IBSA Institut Biochimique SA, 6903 Lugano, Switzerland
Tirosint is a registered trademark of IBSA Institut Biochimique SA.
©2015 Akrimax Pharmaceuticals, LLC. AKR-TIR-050W

