



**TIROSINT**<sup>®</sup>  
(levothyroxine sodium) capsules

## Savings Card

Emdeon  
Therapy First Plus

**BIN# 004682**  
**PCN# CN**  
**GRP# EC54001011**  
**ID# 19075825857**

Pay **\$35**<sup>\*</sup>  
as **Little**  
as **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<sup>®</sup> (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.

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PHARMACEUTICALS



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