

Rx Only

Prednisolone Sodium Phosphate Oral SolutionEquivalent to prednisolone
25 mg/5 mL

Pay as little as \$ **15**
on 2 oz. or more
Subject to eligibility. Restrictions apply.
See reverse side.

VALUABLE COUPONFor more information, please visit prednisolone25.com

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

To redeem: **1.** Take your prescription for Prednisolone Sodium Phosphate Oral Solution, 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 \$15 of your out-of-pocket expense for each fill. **4.** You will then receive up to \$35 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 Prednisolone Sodium Phosphate Oral Solution. **Please see full Prescribing Information available at prednisolone25.com.**

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

RxBIN: 610524 RxPCN: Loyalty
RxGRP: 50777328 ISSUER: (80840) ID: 1102093051

Pharmacist: For Prednisolone Sodium Phosphate Oral Solution submit transaction to McKesson Corporation using BIN #610524 for up to \$35 of the patients out-of-pocket expense after the patient pays an initial \$15 out-of-pocket expense.

When you use this coupon, 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.
- Input coupon 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 coupon and your submission of claims for the Prednisolone Sodium Phosphate Oral Solution Savings Coupon program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc.
- For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for Prednisolone Sodium Phosphate Oral Solution at 1-877-934-1122 (8:00 AM-8:00 PM EST, Monday-Friday).

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.

Available by prescription only.

Please see full Prescribing Information available at prednisolone25.com.

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 in whole, or in part, of the cost of your prescription drugs. **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 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 questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for Prednisolone Sodium Phosphate Oral Solution at 1-877-934-1122 (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. Mission Pharmacal reserves the right to audit any of my submissions.

PSP004R0618

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MCKESSON

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