

Valuable Coupon

Save up to \$60

Subject to eligibility. Restrictions apply.

To redeem:

1. Present this coupon to your pharmacist along with your Binosto® prescription.
2. You will be responsible for the first \$15 of your out-of-pocket expense for this prescription and any consecutive prescriptions of Binosto.
3. You will then receive up to \$60 off your remaining out-of-pocket expense. You will be responsible for any additional out-of-pocket cost if it exceeds this amount.
4. Be sure to follow your doctor's instructions on how to use Binosto.

Please see full Prescribing Information and Medication Guide available at binosto.com.

Pharmacist: For Binosto®, submit transaction to McKesson Corporation using BIN #610524 for up to \$60 of the patient's 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 Binosto® 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® program for Binosto® 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 and Medication Guide available at binosto.com.



Rx Only

Binosto®
(alendronate sodium) effervescent
tablet for oral solution **70 mg**

For more information, please visit binosto.com

Pharmacist: Submit this claim information to McKesson Corporation:

RxBIN: 610524 RxPCN: Loyalty
Group ID: 50777328 ID#: 1181926427
ISSUER: (80840)

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. 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® program for Binosto® 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.

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