How to redeem your savings card:

1. Take your signed prescription, along with this savings card, to your participating pharmacy.
2. Give both your signed prescription and this savings card to the pharmacist. You will receive up to $40 off your out-of-pocket cost.
3. Be sure to follow your doctor's instruction on how to take. More information will come with your prescription. Cannot be combined with any other offers. Subject to eligibility. Restrictions apply.

Submit this claim/information to McKesson Corporation:

RxBin: 610524
RxPCN: Loyalty
Issuer: (80840)
ID: 1102093004

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MISSION PHARMACEUTICAL COMPANY, San Antonio, TX USA 78230-1555

Available by prescription only.

Authorized by prescription only.

.view.missionpharm.com

RX ONLY

To the Pharmacist: For Ferralet® submit transaction to McKesson Corporation using BIN #610524 for up to $40 of the patient's out-of-pocket expenses after the patient pays an initial $20 out-of-pocket expense. When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental program for this prescription.

- A primary coverage exists, input card information as secondary coverage and transmit using the 008 segment of the NCPDP transaction.
- Applicable discounts will be displayed in the transaction response.
- Acceptance of this card and your submission of claims for the Ferralet® Savings Card program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/loyalty.

For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® program for Ferralet® 1-877-936-1722 (8:00 AM to 8:00 PM CST, Monday-Friday), 7:17 est toll free. Your prescription is not eligible if: prescriptions are paid in part or full by any state or federal funded programs, including but not limited to Medicare or Medicaid, Medicaid Waiver, or Insure and where prohibited by law. Eligibility Criteria: 1. This savings card is not valid for prescriptions purchased under Medi-Cal, Medicare, TRICARE, Medicaid, or any federal healthcare programs including, but not limited to Medicare or Medicaid, Medigap, or any health plan which reimburses you for the entire cost of your prescription drugs. 2. Other good only in the U.S. 3. Mission Pharmaceutical reserves the right to rescind, revoke or amend this offer without notice. 4. You understand and agree to comply with the terms and conditions of this offer as set forth above. Void if prohibited by law. Not for sale, restriction or redeemed. Pharmacists: For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® program for Ferralet® 1-877-936-1722 (8:00 AM to 8:00 PM CST, Monday-Friday). I certify that I have received this savings card 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 obligations, contractual or otherwise, that have as a pharmacy provider. Mission Pharmaceutical has the right to audit any of my submissions. Cannot be combined with any other offers.