



**NITROMIST**<sup>®</sup>  
Nitroglycerin Lingual Aerosol • 400 mcg/spray

**Pay \$0\***

## Savings Card

Emdeon  
Therapy First Plus

BIN#: 004682

PCN#: CN

GRP#: WCNIT2811

ID#: **41731394143**

\*For copays up to \$100

Max benefit of \$100 per prescription

Valid for 12 NITROMIST<sup>®</sup> prescriptions

Medicare and Medicaid patients not eligible.

Please see accompanying Full Prescribing Information and discuss any questions with your doctor.

**Patient Instructions:** This coupon is provided to you as a service by Mist Pharmaceuticals, LLC. Redeem this coupon ONLY when accompanied by a valid prescription for NitroMist<sup>®</sup> Nitroglycerin Lingual Aerosol-400 mcg/spray 230 and 90 spray bottles. This coupon covers up to \$100.00 of out-of-pocket expenses for NitroMist<sup>®</sup> Nitroglycerin Lingual Aerosol-400 mcg/spray 230 and 90 spray bottles. This coupon is good for 12 uses and is not transferable. This offer is valid for cash paying and insured patients. This card is not valid as an insurance card.

**Restrictions:** Offer valid for patients 18 years or older. Offer not valid for prescriptions reimbursed in whole or in part under Medicaid, a Medicare drug benefit plan or other federal or state programs (such as medical assistance programs or private indemnity or HMO insurance plans that reimburse the patient for the entire cost of their prescription drug). If you are eligible for drug benefits under any such program, you cannot use this coupon. Product dispensed pursuant to program rules and federal and state laws. Void where taxed, restricted, or prohibited by law.

**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, (e.g. 8). The patient pay amount submitted will be reduced by up to \$100.00 and 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 (e.g. 1) is required. The patient pay amount submitted will be reduced by up to \$100.00 and 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 1-800-433-4893. Mist Pharmaceuticals, LLC reserves the right to rescind, revoke or amend this offer without notice at any time. Not valid if reproduced.

