



Clear Value Card
Pay no more than \$20*

Card expires 12/31/2016



***Eligible patients typically pay no more than \$20 for one fill. Maximum benefit of \$100. Available for up to 12 benefits. See limitations below.**

Clear Value starts with patients

- Clear Value Card allows patients to pay no more than \$20 per fill
- RelayHealth National Pharmacy coverage with eVoucher automatically applies savings at pharmacy when patients go to get prescription
- Added savings extends through year with 12 fills at no more than \$20 dollars

Patient: You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the PLEXION® Cleanser program at 1-877-264-2440 (8:00 am-8:00 pm EST, Monday-Friday). When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to Medicare or Medicaid, Medigap, VA or DOD or TriCare, or where prohibited by law; and you will otherwise comply with the terms above.

Physician: Please give this card to the patient with a signed prescription for PLEXION® and Keralac® Cream.



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RxBIN: 610524

RxPCN: Loyalty

RxGRP: 50776893

ISSUER: (80840)

ID: XXXXXXXXX

To the Patient: You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the PLEXION® Cleanser program at 1-877-264-2440 (8:00 am-8:00 pm EST, Monday-Friday). When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to Medicare or Medicaid, Medigap, VA or DOD or TriCare, or where prohibited by law; and you will otherwise comply with the terms above.

Maximum benefit of \$100. Available for up to 12 benefits.

To the Pharmacist: 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 programs for this prescription.

- Submit transaction to McKesson Corporation using BIN #610524
- If primary coverage exists, input card 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 card and your submission of claims for the PLEXION® Cleanser program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc
- 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.
- Mission Pharmacal reserves the right to rescind, revoke or amend this offer at any time.
- **For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for PLEXION® Cleanser program at 1-877-264-2440 (8:00 am-8:00 pm EST, Monday-Friday).**