

Rebate Offer
Expires 3/31/10

ACTOS FAMILY PRODUCT REBATE OFFER

actos advantage[®] program

SAVE up to \$50^{00†}

†You must meet eligibility requirements.

Learn about the ACTOS Advantage[®] Program

To get your prescription rebate for an ACTOS Family Product, here's what you need to do...

- 1 Fill your prescription for an **ACTOS Family Product**.
- 2 Check **Eligibility Requirements** and **Terms and Conditions** on this page.
- 3 If you are eligible, print your name, address, and the amount paid on the rebate below.
- 4 Sign and date this rebate (required) and mail with your original receipt to Takeda Pharmaceuticals America, Inc.

Eligibility Requirements

This rebate cannot be used if any part of your prescription is covered by: (i) any federal or state healthcare program (Medicare, Medicaid, VA, TriCARE, etc.), including a state medical or pharmaceutical assistance program, (ii) the Medicare Prescription Drug Program (Part D), or if you are currently in the coverage gap, (iii) insurance that is paying the entire cost of the prescription, or (iv) an insurer or other Third Party Payor in Massachusetts.

Terms & Conditions

You must meet Eligibility Requirements. You agree to report your use of this rebate to any Third Party that reimburses you or pays for any part of the prescription price. You additionally agree that you will not submit the cost of any portion of the product dispensed pursuant to this rebate to a federal or state healthcare program for purposes of counting it toward your out-of-pocket expenses (such as TrOOP under Medicare Part D). The amount of this rebate is not to exceed \$50 or your co-pay amount, whichever is less. This rebate is not valid with any other program, discount, or incentive involving an **ACTOS Family Product**. Offer is invalid for submissions postmarked later than 56 days from the dispense date on the original receipt. This offer may be rescinded, revoked, or amended without notice. No reproductions. This rebate is void where prohibited by law, taxed, or restricted. Limit one rebate per purchase. Cash value of 1/100 of 1¢. For questions about this rebate, call the Customer Service Center at (888) 838-9866.

Takeda Pharmaceuticals America, Inc.
PO Box 2062
Morrisville, PA 19067-0562



(Please print)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Amount Paid: \$ _____ Email: _____

Your signature on this rebate certifies that you are not covered by the Medicare Prescription Drug Program (Part D); that you understand, accept, and will comply with all requirements of this rebate; and that using this rebate is consistent with the requirements of your health insurance.

Signature **X** _____ Date _____
(Required)

The personal information you provided may be used by Takeda Pharmaceuticals America, Inc., its affiliates and business partners to administer your participation in this rebate program and for other administrative purposes.

For more information, please see accompanying Complete Prescribing Information, including warning about heart failure, and accompanying Medication Guide available on this website or from your doctor.

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7/09

Printed in U.S.A.

actos[®]
pioglitazone HCl

