



# Rx Cost Reduction Program<sup>SM</sup> Rebate Claim Coupon

Complete and mail with original pharmacy receipt to:

**The Rx Cost Reduction Program<sup>SM</sup>**  
P.O. Box 2137  
Lakewood, NJ 08701-9645



**Ultrase<sup>®</sup>MT**  
(pancrelipase) **CAPSULES**

Patient Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Care Center Name: \_\_\_\_\_ Prescriber Name: \_\_\_\_\_

**I understand that the Rx Cost Reduction Program<sup>SM</sup> is not available to patients participating in a federally-subsidized pharmacy benefit program or where otherwise prohibited by federal or state law and by signing this coupon, I certify that the patient is not participating in a federally-subsidized pharmacy benefit program.**

**Signature of patient (or if patient is a minor, signature of parent or guardian):** \_\_\_\_\_

Your rebate can be sent to you only after your original pharmacy receipt is received. Please allow approximately three weeks for delivery. Axcán Pharma reserves the right to change or discontinue the Rx Cost Reduction Program<sup>SM</sup> at any time.  
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CDS-3050



## Axcan Pharma™ Rx Cost Reduction Program<sup>SM</sup>

Dear Patient:

As the providers of ULTRASE<sup>®</sup> MT, it is important to us that the cost of your healthcare remains as affordable as possible. For this reason, Axcan Pharma created the Rx Cost Reduction Program<sup>SM</sup>.

This program allows you to receive a rebate for your out-of-pocket expense (up to \$20 per month) for a prescription of ULTRASE<sup>®</sup> MT12, ULTRASE<sup>®</sup> MT18 or ULTRASE<sup>®</sup> MT20.

### How the Program Works:

1. Have your prescription for ULTRASE<sup>®</sup> MT filled at your regular pharmacy. **Note:** Your prescription must be for ULTRASE<sup>®</sup> MT12, ULTRASE<sup>®</sup> MT18 or ULTRASE<sup>®</sup> MT20 (a minimum of 100 ULTRASE<sup>®</sup> MT capsules is required).
2. Complete the Rebate Claim Coupon on the back and mail it with the original pharmacy receipt to the address on the coupon. **Please note that the Rx Cost Reduction Program<sup>SM</sup> is not available to patients participating in a federally-subsidized pharmacy benefit program or where otherwise prohibited by federal or state law. Be sure to sign the coupon certifying that the patient is not participating in a federally-subsidized pharmacy benefit program.**
3. You will receive a check (up to \$20) in about three weeks for the amount of your out-of-pocket expense. Included with your check will be another Rebate Claim Coupon for the following month. **Note:** You may submit only one Rebate Claim Coupon per month. The Rx Cost Reduction Program<sup>SM</sup> cannot be combined with the CareFirst for CF<sup>SM</sup> or the Comprehensive Care Program for CF<sup>SM</sup>. Coupons must be fully completed to be processed.

It's that easy. If you have any questions about the Rx Cost Reduction Program<sup>SM</sup> or Axcan Pharma products, please call 1-800-472-2634. Please consult your physician with any questions about your ULTRASE<sup>®</sup> MT medication.

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