

**Nesina** | 25 mg  
(alogliptin) tablets

**Kazano** | 12.5 mg/500 mg  
12.5 mg/1000 mg  
(alogliptin and  
metformin HCl) tablets

**Oseni** | 25 mg /15 mg  
25 mg /30 mg  
25 mg /45 mg  
(alogliptin and  
pioglitazone) tablets

**SAVE UP TO \$100\***

RxBIN: 610524  
RxPCN: Loyalty  
RxGRP: 50777435  
ISSUER: (80840)  
ID: 1289528320

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(alogliptin and  
pioglitazone) tablets

Card activation not required.

Please see accompanying full Prescribing Information and Medication Guides, including Boxed Warnings for lactic acidosis and congestive heart failure for KAZANO and OSENI.

\*Eligibility restrictions apply. Save up to \$100 per 30-day prescription.

**Attention Patients and Pharmacists:  
Generic options may be covered with a lower co-pay.†**

†Savings card cannot be used with generics.

\*Must meet eligibility requirements. This savings card covers out-of-pocket expenses greater than \$35, up to a maximum benefit of \$100 for a 30-day prescription or \$300 for a 90-day prescription.

**3 simple steps to save up to \$100.\***

1. Check your eligibility, together with Terms and Conditions
2. Print this savings card
3. Show the card to the pharmacist every time you fill your prescription

For more information, go to [www.Nesina.com](http://www.Nesina.com); [www.Kazano.com](http://www.Kazano.com); or [www.Oseni.com](http://www.Oseni.com); or call **1-855-510-4545**.

If your pharmacy couldn't accept this card or process it for any reason, a mail-in rebate form is available at [www.patientrebateonline.com](http://www.patientrebateonline.com).

**Eligibility Requirements:** This offer cannot be used if you are a beneficiary of, or any part of your prescription is covered by: (1) any federal, state, or government-funded healthcare program (for example, Medicare, Medicaid, TRICARE), including a state pharmaceutical assistance program (the Federal Employees Health Benefits (FEHB) Program is not a government-funded healthcare program for purposes of this offer), (2) the Medicare Prescription Drug Program (Part D), or if you are currently in the coverage gap, or (3) insurance that is paying the entire cost of the prescription.

**Terms & Conditions:** You must meet Eligibility Requirements. You agree to report your use of this offer to any Third Party that reimburses you or pays for any part of the prescription price. Use of this offer is confirmation that you are permitted, under the terms and conditions of the health benefit plan(s) covering your prescriptions, to take advantage of co-pay coverage programs. You additionally agree that you will not submit the cost of any portion of the product dispensed pursuant to this offer to a federal or state healthcare program for purposes of counting it toward your out-of-pocket expenses. Savings will apply after patients pay the first \$35 per prescription. The amount of this offer is not to exceed \$100 for a 30-day prescription or \$300 for a 90-day prescription, or your co-pay amount, whichever is less. This coupon is not valid with any other program, discount, or incentive involving these Takeda products. Maximum value is \$1200 per 12-month period. This offer may be rescinded, revoked, or amended without notice. No reproductions. This offer is void where prohibited by law, taxed, or restricted. Limit one offer per purchase. Cash value of 1/100 of 1¢. For questions about this offer, call the Customer Service Center at 1-855-510-4545.

**Pharmacy Instructions:** By submitting this offer for reimbursement to McKesson, you certify that: (1) you have dispensed a Takeda product to an eligible patient in accordance with the Eligibility Requirements of this offer and the accompanying prescription; (2) you have not submitted and will not submit a claim for reimbursement for the portion of the drug covered by this coupon to any payor; (3) your participation in this program is consistent with all applicable laws and any obligations, contractual or otherwise, that you may have as a pharmacy provider; and (4) submission of claims are subject to the LoyaltyScript® program Terms and Conditions posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc). For questions about processing, please call 1-855-510-4545.

**Please click for full Prescribing Information and Medication Guide, for NESINA.**

**Please click for full Prescribing Information and Medication Guide, including Boxed Warning for lactic acidosis for KAZANO.**

**Please click for full Prescribing Information and Medication Guide, including Boxed Warning for congestive heart failure for OSENI.**

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