



2010 'PromiseRx Complete' REBATE FORMULARY

Instant Savings for You!
Enhance your prescription savings

Antidiabetic	NDC #	Proton Pump Inhibitor	NDC #
Actoplus Met Tab 15/500MG	64764-0155-60	Dexilant Cap 30MG DR	64764-0171-30
Actoplus Met Tab 15/500MG	64764-0155-18	Dexilant Cap 60MG DR	64764-0175-30
Actoplus Met Tab 15/850MG	64764-0158-60	Dexilant Cap 60MG DR	64764-0175-90
Actoplus Met Tab 15/850MG	64764-0158-18	Kapindex Cap 30MG DR	64764-0905-30
Actos Tab 15MG	64764-0151-04	Kapindex Cap 60MG DR	64764-0915-30
Actos Tab 15MG	64764-0151-05	Kapindex Cap 60MG DR	64764-0915-90
Actos Tab 15MG	64764-0151-06		
Actos Tab 30MG	64764-0301-14		
Actos Tab 30MG	64764-0301-15		
Actos Tab 30MG	64764-0301-16		
Actos Tab 45MG	64764-0451-24		
Actos Tab 45MG	64764-0451-25		
Actos Tab 45MG	64764-0451-26		
Duetact Tab 30-2MG	64764-0302-30		
Duetact Tab 30-4MG	64764-0304-30		

Call BeyondRx at 1-866-247-9996 ext. 2

Rebate effective January 1, 2010; subject to change.

Rebate amounts vary depending on adjudicating system's calculations.

Administrator reserves the right to discontinue this program in the future.

This "Win-Win" Program is made possible by:

