
From: Katz, Irene <IKatz@medimedia.com>
Sent: Tuesday, January 27, 2009 2:02 PM
To: Nathalie Leitch
Cc: Uccello, Jeffrey
Subject: Need Approval - Kadian-Coupon-2009-Program-9068018_20090123
Attachments: Actavis-Kadian_Coupon_2009_Program_9068018_20090127.pdf; Kadian-Coupon-2009-Program-9068018_ProgramProjectApproval_20090127.doc

Hello Nathalie,

We have updated the Kadian Coupon Artwork to reflect the new phone # at the helpdesk (877-637-4629). Please review and if acceptable please sign the word document and return to me at 201-231-6355. This will authorize us to proceed to print samples.

Thanks, Irene

Irene Katz
Sr. Project Manager | Triple i
ikatz@medimedia.com
Off: 201-231-6188 | Mob: 201-240-7774 | Fax: 201-231-6355



January 20, 2008

Dear Health Care Provider:

As you may already be aware, Actavis Group recently acquired the product, Kadian® from King Pharmaceuticals. Prior to the end of December 2008, you would have been receiving information about Kadian® and Kadian® support programs from your Alharma sales representative.

In case you are not familiar with us, Actavis is a global generic pharmaceutical company with U.S. headquarters in New Jersey. We have a presence in 40 countries, and our products are registered in more than 60 countries worldwide. Our company has a long history with Kadian®, and our facility in Elizabeth, NJ has been manufacturing the product for Alharma since 2005.

This acquisition is an exciting step in our company's strategy to expand our specialty drug portfolio. We are committed to providing you and your patients with important, innovative products such as Kadian®.

As part of this commitment, Actavis is pleased to announce the continuation of the Kadian® Co-pay Assistance program to ensure that your patients have access to this important medication. Included in this mailing, you will find 10 co-pay cards in the amount of \$50, and information pertaining to the use of the cards. We also included complete prescribing information and order forms in the event you would like to receive additional co-pay cards.

If you have any questions, please do not hesitate to contact me or our Kadian® Co-pay assistance support line at 1-877-637-4629.

Sincerely Yours,

Doug Boothe
Chief Executive Officer
Actavis Inc.

Actavis, Inc.

Actavis US Headquarters
60 Columbia Road, Building B
Morristown, NJ 07960

t 973 993 4501
f 973-993-4303

www.actavis.com

each month
toward your
KADIAN[®]
prescription.

Expiration date: 12-31-09

Morphine Sulfate Extended-Release Capsules
10mg • 20mg • 30mg • 40mg • 60mg • 80mg • 100mg • 200mg

For further information about KADIAN®, please visit www.KADIAN.com or call 1-877-637-4629.

Bin: 004002
Group ID:

Patient Instructions: Use this card to reduce the amount due to an eligible third-party or cash prescription by presenting it to your pharmacist along with your valid prescription for KADIAN®, and your insurance card. Keep this card and present it with each prescription up to the expiration date.

Pharmacist Instructions: Therapy First has been authorized to reimburse you up to \$50 plus a handling fee for twelve prescriptions up to the expiration date of this coupon when accompanied by a prescription for KADIAN®. For reimbursement, please follow the below instructions:

To the Pharmacist for a patient paying cash: Please submit this claim to Therapy First. A valid Other Coverage Code is required. The patient pay amount will be reduced by UP TO \$50, and you will receive this in your next reimbursement from Therapy First, plus a handling fee.

To the Pharmacist for a patient paying via an Authorized Third Party: Please submit to the Primary Third Party Payer first, then submit the balance due to Therapy First as a Secondary Payer as a co-pay only billing. **Other Coverage Code Indications Required.** The pay amount will be reduced by up to \$50, and you will receive this in your next reimbursement from Therapy First plus a handling fee.

For reimbursement please submit the claim/information printed on the front of the card to Therapy First.

Claim must be submitted within 14 days of prescription fill. Valid only at participating retail pharmacies in the US and Puerto Rico. Not valid through mail-order pharmacies. This offer is limited up to one savings per prescription. Card is limited to 1 per patient for the life of the program and is not transferable. This coupon card is not valid for prescriptions purchased under Medicaid, Medicare, federal or state programs (including state prescription drug programs, private indemnity or HMO Insurance plans which reimburse you for the entire cost of your prescription drugs). This offer is not valid in Massachusetts, except for cash paying patients. Void where prohibited by law, taxed or restricted. Cash value: 1/20¢. Reproductions and/or alterations of coupon will not be accepted.

Pharmacists Only: For any questions regarding Therapy First online processing, please call the Help Desk at 1-800-422-5604. ACTAVIS reserves the right to rescind, revoke, or amend this program without notice. KADIAN® is a registered trademark of ACTAVIS.

Why is pain management important?

Pain management is a large part of your overall health care plan. Many Americans suffer from chronic or ongoing pain. It can cause you to miss work and can even keep you from enjoying life. If left untreated, pain can place stress on your body and your mental health. Managing your pain the right way begins by talking to your healthcare provider. Discover the cause of your pain by taking note of what makes your pain start and what makes it worse.

What is chronic pain?

Chronic pain is ongoing and can last longer than 6 months. Chronic pain can be mild or severe. It can be inconvenient and can keep you from your daily tasks.

How can I treat my chronic pain?

To help manage your pain, your healthcare provider will determine what level of pain control you need. Depending on what kind of pain you have and how it affects your life, your healthcare provider will choose a drug that works just for you.

Please see accompanying complete Prescribing Information.

KADIAN® capsules are an extended-release oral formulation of morphine sulfate indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.

KADIAN® capsules are not for use as a prn analgesic.

Safety considerations:

KADIAN® (morphine sulfate extended-release) Capsules contain morphine sulfate, an opioid agonist and a Schedule II controlled substance, with an abuse liability similar to other opioid analgesics. KADIAN® can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered when prescribing or dispensing KADIAN® in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse, or diversion.

Serious adverse reactions that may be associated with KADIAN® therapy in clinical use are those observed with other oral opioid analgesics and include: respiratory depression, respiratory arrest, circulatory depression, cardiac arrest, hypotension, and/or shock.

KADIAN® 100 mg and 200 mg capsules are for use in opioid-tolerant patients only. Ingestion of these capsules or of the pellets within the capsules may cause fatal respiratory depression when administered to patients not already tolerant to high doses of opioids.

KADIAN® capsules are to be swallowed whole or the contents of the capsules sprinkled on apple sauce. The pellets in the capsules are not to be chewed, crushed, or dissolved due to the risk of rapid release and absorption of a potentially fatal dose of morphine.

For further information about KADIAN®, please visit www.KADIAN.com or call 1-877-637-4629.

Please see accompanying complete Prescribing Information.

KADIAN® is a registered trademark of Actavis.



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KAD200901 January 2009
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save up to
\$50 each month
toward your
KADIAN®
prescription.

Please see accompanying complete Prescribing Information.

Expiration date: 12-31-09

KADIAN®
CO-PAY ASSISTANCE Program

Save up to **\$50**
toward each prescription of KADIAN®
See details inside.

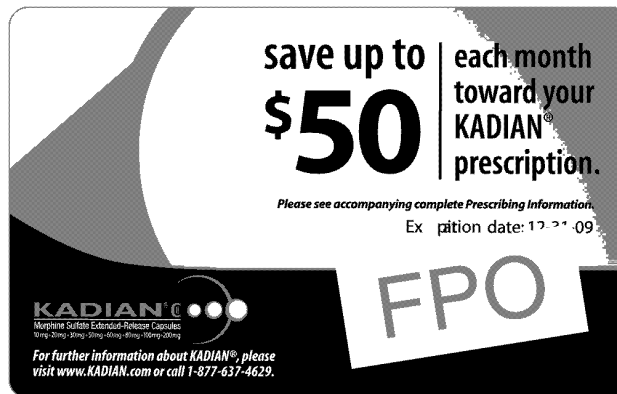
Good for up to
\$600
for 12 months



For questions about this program, please call the Help Desk at 1-877-637-4629.
Pharmacists only: For claim-related questions, please call *Therapy First* at 1-800-422-5604.

KADIAN®

CO-PAY ASSISTANCE Program



The KADIAN® (morphine sulfate extended-release) Capsules Co-pay Assistance Program

The KADIAN® Co-pay Assistance Program provides up to \$50 toward your co-pay or out-of-pocket cost for your KADIAN® prescriptions. Please see your pharmacist to help you determine your monthly savings amount.

Present this card with your KADIAN® prescription and insurance card, if applicable. You can use the same card with every prescription of KADIAN® until the expiration date that's printed on the card.

Terms and Conditions: Valid only at participating retail pharmacies in the US and Puerto Rico. Not valid through mail-order pharmacies. This offer is limited up to one savings per prescription. Card is limited to 1 per patient for the life of the program and is not transferable. This coupon card is not valid for prescriptions purchased under Medicaid, Medicare, federal or state programs (including state prescription drug programs, private indemnity or HMO Insurance plans which reimburse you for the entire cost of your prescription drugs). This offer is not valid in Massachusetts, except for cash paying patients. Void where prohibited by law, taxed or restricted. Actavis reserves the right to rescind, revoke or amend this offer without notice at any time.

Please see accompanying complete Prescribing Information.

KADIAN® (morphine sulfate extended-release) Capsules \$50 Multi-Use Coupon FAQ Sheet

Question: Do I have to call an 800 number or go onto the Internet to activate the card?

Answer: No. The card is already active. Simply present the card with a valid 30-day prescription for KADIAN® capsules to your pharmacist. You can request a card at www.kadian.com.

Question: Do I have to present the card every time?

Answer: Present this card to your pharmacist every time you fill your Kadian® prescription.

Question: What if I have an issue with redeeming the \$50 multi-use coupon card at the pharmacy?

Answer: You must contact the Help Desk at 1-877-637-4629 to address this issue.

Question: How long do I have to wait before I can use the card for the next prescription?

Answer: You can re-use the card after 23 days of the last fill date.

Question: Can I use the card with mail order programs?

Answer: No. You can not use this card with participating mail order pharmacies. To find a local pharmacy that participates, please contact the Help Desk at 1-877-637-4629.

Question: Can I use the \$50 multi-use coupon card after the expiration date?

Answer: No. The card cannot be used past the expiration date.

If you have any questions on how to use your Co-Pay Assistance Card, please call 1-877-637-4629.

Dear Physician,

KADIAN®(Morphine Sulfate Extended-Release Capsules) Co-Pay Assistance Program Kits are now available to help your patients.

These kits include Patient Education Material; Co-Pay Assistance Cards for up to \$600 off for 12 months (patients can save up to \$50 toward each prescription of KADIAN®until the coupon's expiration date), and KADIAN®Prescribing Information.

To receive your KADIAN®Co-Pay Assistance Program Kits, simply call the KADIAN®Co-Pay Assistance Program Help Desk at 1-877-637-4629 or fill in the information below and return this card by mail to KADIAN®Co-Pay Assistance Program, PO Box 2187, Morrisville, PA 19067-9883.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL: _____

PHONE: _____

Please note that your KADIAN®Co-Pay Assistance Program Kits will be shipped within 5 to 7 business days.

Thank you!



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KAD200901

January 2009

Printed in USA.





NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4625 MORRISVILLE, PA

POSTAGE WILL BE PAID BY ADDRESSEE

**KADIAN® CO-PAY
ASSITANCE PROGRAM
PO BOX 2187
MORRISVILLE, PA 19067-9883**



KADIAN®

CO-PAY ASSISTANCE Program

Save up to **\$50**
toward each prescription of KADIAN®
See details inside.

Good for up to
\$600
for 12 months

KADIAN®
Morphine Sulfate Extended-Release Capsules
10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg, 200mg

For questions about this program, please call the Help Desk at 1-877-637-4629.
Pharmacists only : for claim-related questions, please call Therapy Ifst at 1-800-422-5604

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For further information about KADIAN®, please visit www.KADIAN.com or call 1-877-637-4629.

Please see accompanying complete Prescribing Information.

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NO INK OR AQ



PROGRAM/PROJECT APPROVAL FORM

Date:	1/27/09	Job#: 9068018
Client Name:	Actavis	Target Ship Date: ASAP
Program/Project Name:	Kadian Coupon Program 2009	Absolute Ship Date: ASAP

TRIPLE i INFORMATION

CLIENT INFORMATION

Project Type:	Literature	Project ID / PO:	TBD
Project Manager:	Irene Katz	Contact Name:	Nathalie Leitch
Phone#:	201-231-6188	Phone#:	973-889-6968
Fax #:	201-231-6355	Fax #:	
Comments:			

COMPONENT LISTING

Item	Client Item #	Triple i Item #	Item Description	Qty/Order	Comments
Physician Mailing					
1	TBD	TBD	Health Care Provider Cover Letter	1	
2	TBD	TBD	Kadian Co-Pay Assistance Card	10	Spot glue card to inside middle panel of brochure
3	TBD	TBD	Kadian Co-Pay Assistance Brochure	10	Tri fold brochures and place 10 inside tray
4	TBD	TBD	Kadian Co-Pay Assistance Re-order Business Reply Card	1	Place BRC inside tray behind brochures
5	TBD	TBD	Kadian PIs	10	Place PIs inside tray behind BRC
6	TBD	TBD	Kadian Co-Pay Assistance Tray	1	
7	TBD	TBD	Shipping Material	1	Jiffy Bag / Carton – depending on shipping method
Consumer Mailing					
1	TBD	TBD	Kadian Co-Pay Assistance Card	1	Spot glue card to inside middle panel of brochure
2	TBD	TBD	Kadian Co-Pay Assistance Brochure	1	Tri fold brochure
3	TBD	TBD	Kadian PI	1	
4	TBD	TBD	Shipping Material	1	Envelope

ASSEMBLY INSTRUCTIONS

1	Please see comments above.
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Method of Shipment: TBD

Please review the component listing, assembly instructions and method of shipment above. **This is exactly how your job will be assembled/fulfilled unless we are explicitly instructed otherwise.**

If you are in agreement with these specifications, please sign, date, and fax this form to the **Triple i Project Manager, 201-231-6355**, as soon as possible. Upon receipt of this sign-off, we will proceed with fulfillment. Comments or questions? Please contact the **Triple i Project Manager, 201-231-6188**.



PROGRAM/PROJECT APPROVAL FORM

Client Signature

Date

<u>Internal Release Signatures</u>	<u>Date of Release</u>
<input type="checkbox"/> Project Manager _____	_____
Reason Client Signature Not Obtained: _____ <input type="checkbox"/> Senior Management _____	_____
<input type="checkbox"/> Fulfillment Manager (Or Designee) _____	_____
<input type="checkbox"/> QC Manager (Or Designee) _____	_____