

Save up to
\$25



Cream, 5%
Aldara[®]
(IMIQUIMOD)

To get this rebate:

- 1** See *Who Qualifies?* If you qualify for this offer, sign your name below.
- 2** Have your Aldara Cream, 5% prescription filled.
- 3** Circle the price you paid for Aldara Cream, 5% on your original pharmacy receipt (not the register receipt). This is the amount of your rebate, up to a maximum of \$25. Make sure the receipt is dated. It should have your name, your doctor's name, and the name of the store on it.
- 4** Place rebate coupon and your original pharmacy receipt in a stamped envelope and mail to:

Trial Card
6501 Weston Parkway, Suite 370
Cary, NC 27513-9967

You will receive a check for up to \$25 within 14 business days.

NAME

ADDRESS

CITY / STATE / ZIP

EMAIL

SIGNATURE

DATE

Be sure to include your mailing address.

Completed rebate coupon must be submitted by September 30, 2008

Who Qualifies

- 1** This rebate is intended to reimburse you for up to \$25 off your out-of-pocket expense for Aldara® (imiquimod) Cream, 5% purchased between May 1, 2006 and June 30, 2008. You may use it if you paid for your entire prescription yourself or paid for a portion of your prescription not covered by insurance. **You may not use this rebate if you receive prescription drug benefits from Medicaid, a Medicare drug benefit plan, or other federal or state programs, including state medical assistance programs. You may not use this rebate if your private insurance, HMO, or other health or pharmacy benefit program paid for your entire prescription.**
- 2** You may not combine this rebate with any other rebate, coupon, free trial, or similar offer. This rebate cannot be used on more than one prescription in the same month. You may only redeem two coupons per calendar year.
- 3** To get your rebate, you must send in the completed rebate coupon with your original pharmacy receipt (not the register receipt) by September 30, 2008.
- 4** You must deduct the value of this rebate if you or someone acting for you asks for money back on your purchase.
- 5** This rebate does not apply in Massachusetts, except for patients with no insurance, or any place where rebates are banned, taxed, or limited. This rebate is nontransferable and may be used only by the patient for whom Aldara Cream, 5% was prescribed.
- 6** This offer is valid only to US residents for product purchased in the United States.
- 7** Please allow 10 to 14 business days for your rebate check to arrive.
- 8** Graceway has the right to cancel or change this offer without notice.
- 9** By signing this, you show that you understand and satisfy the rules of this rebate offer. You also agree not to submit a claim for the prescription to any other private insurance or government program.

 **GRACEWAY™**
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www.aldara.com

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