

SAVE ON PULMICORT FLEXHALER* (budesonide inhalation powder, 90 mcg & 180 mcg)

- You may be eligible to receive savings on out-of-pocket costs that exceed \$20 (up to \$50 off) for each refill, up to 12 refills. See below for more details
- Eligible patients include commercially insured and cash-paying patients. See eligibility rules below. Restrictions apply. You pay the first \$20; AstraZeneca pays up to the next \$50

*See eligibility details below. Restrictions apply.



Print and take this offer* to your pharmacy

(Take the entire page)

- Card is ready to use; no activation required
- Offer valid for 30, 60, or 90-day prescriptions

*Subject to eligibility rules below; restrictions apply.

ELIGIBILITY:

You may be eligible for this offer if you are insured by commercial insurance and your insurance does not cover the full cost of your prescription, or you are not insured and are responsible for the cost of your prescriptions.

Patients who are enrolled in a state or federally funded prescription insurance program are not eligible for this offer. This includes patients enrolled in Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs or TriCare, and patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees.

If you are enrolled in a state or federally funded prescription insurance program, you may not use this Savings Card even if you elect to be processed as an uninsured (cash-paying) patient.

This offer is not insurance and is restricted to residents of the United States and Puerto Rico and patients over 6 years of age. This offer is valid for retail prescriptions only.

TERMS OF USE:

Eligible commercially insured patients with a valid prescription for PULMICORT FLEXHALER® (budesonide inhalation powder) inhaler who present this Savings Card at participating pharmacies will pay \$20 per 30-day supply, subject to a maximum savings of \$50 per 30-day supply. Cash-paying patients will receive up to \$50 in savings on out-of-pocket costs per 30-day supply. This offer is good for 12 uses, and each 30-day supply counts as 1 (one) use. Other restrictions may apply. Patient is responsible for applicable taxes, if any. If you have any questions regarding this offer, please call 1-800-236-9933.

Non-transferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility, and terms of use

at any time without notice. This offer is not conditioned on any past, present, or future purchase, including refills. Offer must be presented along with a valid prescription for PULMICORT FLEXHALER at the time of purchase. If your commercial Insurance plan does not cover PULMICORT FLEXHALER, use of this offer permits your health care provider or pharmacy to share limited information with certain AstraZeneca vendors to determine if additional resources may be available to you; and to act on your behalf to initiate any processes that may be necessary to access these resources.

BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE. Program managed by ConnectiveRx, on behalf of AstraZeneca.

Pharmacist Instructions for a Patient with an Eligible Third Party:

For Insured/Covered Patients: Submit the claim to the primary Third-Party Payer first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 8. This will reduce the eligible patient's out-of-pocket costs to as low as \$20 per 30-day supply subject to a maximum savings limit for the program, patient out-of-pocket expenses may vary. Reimbursement will be received from CHANGE HEALTHCARE. **Pharmacist Instructions for Insured/Not Covered Patients:** Submit the claim to the primary Third-Party Payer first, if the primary claim submission shows a managed care restriction (step-edit, prior authorization or NDC block), continue the claim adjudication process and submit the balance due to CHANGE HEALTHCARE as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 3. This will reduce eligible patient's out-of-pocket costs to as low as \$20 per 30-day supply subject to a maximum savings limit for the program, patient out-of-pocket expenses may vary. Reimbursement will be received from CHANGE HEALTHCARE. **Pharmacist Instructions for a Cash-Paying Patient:** Submit this claim to CHANGE HEALTHCARE. A valid Other Coverage Code (eg, 1) is required. The card will cover up to \$50 per 30-day supply. Reimbursement will be received from CHANGE HEALTHCARE. Valid Other Coverage Code Required. For any questions regarding Change Healthcare online processing, please call the Help Desk at 1-800-422-5604.

You may report side effects related to AstraZeneca products by clicking [here](#).

If you are without prescription coverage and cannot afford your medication, AstraZeneca may be able to help.

If you would like additional information regarding AstraZeneca products, please contact the Information Center at AstraZeneca in the US at 1-800-236-9933, Monday through Friday, 8 AM to 6 PM ET, excluding holidays, or visit [AstraZeneca-us.com](#)

PULMICORT FLEXHALER is a registered trademark of the AstraZeneca group of companies.

Program managed by ConnectiveRx on behalf of AstraZeneca.

Product dispensed pursuant to program rules and federal and state laws.

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This product information is intended for US consumers only.

