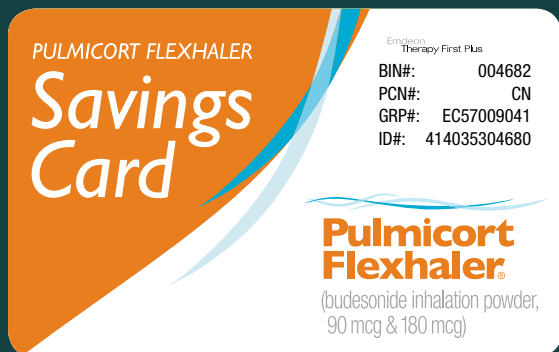


PULMICORT FLEXHALER®

(budesonide inhalation powder, 90 mcg & 180 mcg)

FOR ELIGIBLE COMMERCIALY INSURED PATIENTS

\$20 SAVINGS CARD



SAVE ON PULMICORT FLEXHALER*

- Eligible commercially insured patients may pay no more than \$20 up to \$50 savings limit on each fill up to 12 prescription fills
- Cash-paying patients save up to \$50 after paying the first \$20 on each fill up to 12 prescription fills

*See eligibility details below. Restrictions apply.

Present this offer to your pharmacist, along with a valid prescription for
PULMICORT FLEXHALER.

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. Offer expires 12/31/18. 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.

Pharmacist instructions for a patient with an eligible Third Party:

Submit the claim to the primary Third Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (**eg, 8**). The patient is responsible for the first \$20 and the card will cover up to \$50 of their copay and reimbursement will be received from **Therapy First Plus**.

Pharmacist instructions for a cash-paying patient: Submit this claim to **Therapy First Plus**. A valid Other Coverage Code (**eg, 1**) is required. The patient is responsible for the first \$20, the card will cover up to the next \$50 and you will receive this in your reimbursement from **Therapy First Plus**.

Valid Other Coverage Code Required: For any questions regarding **Therapy First Plus** online processing, please call the Help Desk at 1-800-422-5604.

Program managed by PSKW, LLC, on behalf of AstraZeneca.

Please see full Prescribing Information at
<http://www.1.astrazeneca-us.com/pi/pulmicortfh.pdf>



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