

DALIRESP® (roflumilast)

Please print full Prescribing Information with Medication Guide

Eligible commercially insured patients pay no more than \$25 for each prescription.*

DALIRESP \$25 SAVINGS PROGRAM*

Daliresp
(roflumilast) tablets
500 mcg

Emdeon
Therapy First Plus

BIN# 004682
PCN# CN
GRP# EC57023030
ID# 414057602577

For Eligible Commercially Insured Patients

*Please see savings and eligibility details below.

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, is restricted to residents of the United States and Puerto Rico, and to patients over 18 years of age. This offer is not valid for mail order.

TERMS OF USE: If you have commercial insurance, you will receive 100% off your copay for one 30-day prescription. If you have any questions regarding this offer, please call 1-866-459-2015. AstraZeneca reserves the right to change or discontinue this offer at any time without notice.

Eligible commercially insured patients with a valid prescription for DALIRESP® (roflumilast) tablets who present this savings card at participating pharmacies will pay \$25 per 30-day supply if their out-of-pocket cost is more than \$25. New commercially insured patients will receive 100% off their out-of-pocket cost for the first 30-day supply. If you pay cash for your prescription, you will receive up to \$100 in savings on your out-of-pocket costs that exceed \$25 for each prescription. This offer is good for 12 uses, and each 30-day supply

counts as 1 use. Other restrictions may apply. Patient is responsible for applicable taxes, if any. First use of card must be on or before 12/31/15. If you have any questions regarding this offer, please call 1-866-459-2015.

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 DALIRESP tablets at the time of purchase.

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 PAYER: Submit the claim to the primary Third-Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer COB with patient responsibility amount and a valid **Other Coverage Code (eg 8)**. The patient is responsible for the first \$25 on a 30-day supply. 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 card will cover up to \$100 per 30-day supply. Reimbursement will be received 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.

Please see full Prescribing Information with Medication Guide at http://www.azpicentral.com/daliresp/pi_daliresp.pdf

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.


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

DALIRESP is a registered trademark of Takeda GmbH.

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

©2015 AstraZeneca. 3128301 5/15

 This product information is intended for US consumers only.

AstraZeneca 