

# PULMICORT FLEXHALER® (budesonide inhalation powder, 90 mcg & 180 mcg)

Please print full Prescribing Information

## SAVE ON PULMICORT FLEXHALER\*

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

\*See eligibility details below. Restrictions apply.



Present this offer to your pharmacist, along with a valid prescription for PULMICORT FLEXHALER® (budesonide inhalation powder, 90 mcg & 180 mcg).  
Prescriber ID# required on prescription.

**Patient Eligibility for Savings Card:** 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 1 (one) PULMICORT FLEXHALER® (budesonide inhalation powder) inhaler with a co-pay of more than \$20 will receive up to \$50 in savings on each prescription fill up to 12 fills. 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 healthcare 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.

Please see full Prescribing Information at <http://www1.astrazeneca-us.com/pi/pulmicortfh.pdf>

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.FDA.gov/medwatch](http://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](http://AstraZeneca-us.com)

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

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