

**FOR US CONSUMERS**

# You Could Get Your Prescription FREE\*

with our AZhelps savings program.

## SYMBICORT PATIENTS CAN GET THEIR PRESCRIPTION FREE.\*

You could get your SYMBICORT prescription filled FREE, for up to 12 fills - even if you have restrictions on your prescriptions benefit coverage.

This SYMBICORT savings offer is brought to you by AZhelps.

- 1 Present this offer to your pharmacist, along with a valid prescription.
- 2 Get your prescription FREE, for up to 12 fills.\*

\*Subject to eligibility rules below; restrictions apply.



**BIN#** 004682  
**PCN#** CN

**GRP#** EC57003394  
**ID#** 414043424218

**THIS OFFER EXPIRES 12/31/2017.**

Offer good for eligible patients purchasing a 30, 60, or 90-day supply (1 -3 inhalers, respectively) of SYMBICORT<sup>®</sup> (budesonide/formoterol fumarate dihydrate). Eligible commercially insured patients will receive 100% off their out-of-pocket costs for each 30, 60, or 90-day supply (1 -3 inhalers, respectively). If you pay cash for your prescription, you will receive up to \$100 in savings on your out-of-pocket costs. Offer good for 12 uses; each inhaler counts as 1 use. Offer not valid for prescriptions purchased under Medicaid, Medicare, or similar state or federally sponsored programs. Offer not valid for patients enrolled in a state or federally funded prescription insurance program even if patient elects to be processed as an uninsured patient. Offer valid for retail prescriptions, residents of the United States and Puerto Rico, and patients over 12 years of age only. Patient is responsible for any applicable taxes. Offer is not transferable, is not insurance, is limited to one per person, and may not 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. Offer may be changed or discontinued at any time without notice. Offer not conditioned on any past, present, or future purchase. More details on [mySYMBICORT.com](http://mySYMBICORT.com). Please call **1-844-798-3617** with questions and for full eligibility details. Card expires on **12/31/2017**.

**Pharmacist Instructions for a Patient With an Eligible Third Party Payer: For Insured/Covered Patients:** Submit the claim to the primary Third-Party Payer first, then submit the balance due to **Therapy First**. Please see full [Prescribing Information](#) including **Boxed WARNING** and [Medication Guide](#) and discuss with your doctor.

**Plus** 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 \$0 on a 30, 60 or 90-day supply.

**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 **Therapy First Plus** 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 \$0 on a 30, 60 or 90-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**.

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