

Pulmicort Flexhaler®

(budesonide inhalation powder,
90 mcg & 180 mcg)

Savings Program

Pulmicort Flexhaler®

Savings Card

Powered by:

CHANGE HEALTHCARE

BIN: 004682

PCN: CN

GRP: EC57009064

ID: 415188997725

Card is ready to use; no activation required

Patient Information

- 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; H2-Pharma pays up to the next \$50

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 1-866-592-6438.

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. H2-Pharma 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 H2-Pharma 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 H2-Pharma.

Offer good for eligible patients purchasing a 30-day fill of PULMICORT FLEXHALER® (budesonide inhalation powder) inhaler. Eligible commercially insured patients will pay \$20 per 30-day supply, subject to a maximum savings of \$50 per 30-day supply. Uninsured (cash-paying) patients will receive up to \$50 in savings on out-of-pocket costs per 30-day supply. Offer is good for 12 uses; each 30-day supply (1 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 (cash-paying) patient. Offer valid for retail prescriptions, residents of the United States and Puerto Rico and patients over 6 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. Please call 1-800-236-9933 with questions and for full eligibility details.

Pharmacist for a Patient With an Authorized Third-Party: Submit the claim to the primary Third-Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer as a co-pay-only billing using a valid Other Coverage Code (eg, 8). For the patient's first through twelfth uses, the patient is responsible for the first \$20 and the card pays up to the next \$50. Reimbursement will be received from **CHANGE HEALTHCARE**. **Pharmacist for a cash-paying patient:** Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (eg, 1) is required. For the patient's first through twelfth uses, the patient is responsible for the first \$20 and the card pays up to the next \$50. Reimbursement will be received from **CHANGE HEALTHCARE**. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at **1-800-422-5604**. Program managed by ConnectiveRx on behalf of H2-Pharma. Product dispensed pursuant to program rules, and federal and state laws. This offer may be changed or discontinued at any time without notice.

