

FOR ELIGIBLE  
COMMERCIALY  
INSURED PATIENTS

**FREE. EVERY FILL.  
EVERY MONTH.\***

FOR ELIGIBLE  
COMMERCIALY  
INSURED PATIENTS

**ZERO\$-PAY\***

**Symbicort®**  
(budesonide/formoterol fumarate  
dihydrate) Inhalation Aerosol

\*Subject to eligibility rules below;  
restrictions apply.

Powered by:  
**CHANGE HEALTHCARE**

BIN# 004682  
PCN# CN  
GRP# EC57003527  
ID# 415099066546

Print and take this offer\*  
to your pharmacy

(Take the entire page)

- Card is ready to use; no activation required
- Offer valid for 30, 60, or 90-day prescriptions

\*Subject to eligibility rules below; restrictions apply.

#### 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 6 years of age subject to label indication. If you use a mail-order pharmacy, please contact your pharmacy provider to confirm if this offer will be accepted.

#### TERMS OF USE

Eligible commercially insured/covered patients with no restrictions (step-edit, prior authorization, or NDC block) and with a valid prescription for SYMBICORT® (budesonide/formoterol fumarate dihydrate) who present this savings card at participating pharmacies will receive up to 100% off on their out-of-pocket costs for each covered 30-, 60-, or 90-day supply (1-3 inhalers), respectively, up to a maximum savings of \$200 per inhaler. If you pay cash for your prescription, or are insured and your insurance does not cover or has a managed care restriction on your prescription (step-edit, prior authorization, or NDC block), you will receive up to \$100 in savings on your out-of-pocket costs for each inhaler. This offer is good for 12 uses and each inhaler counts as 1 use. Patient is responsible for applicable taxes, if any. Card expires on 12/31/18. If you have any questions regarding this offer, please call 1-844-798-3617.

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.

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 cannot afford your medication, AstraZeneca may be able  
to help. For more information, please visit [AstraZeneca-US.com](http://AstraZeneca-US.com)

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This product information is intended for US consumers only.

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 SYMBICORT at the time of purchase. If your commercial insurance plan does not cover SYMBICORT, 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.

**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 **CHANGE HEALTHCARE** 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, subject to a \$200 maximum buy-down. **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 **CHANGE HEALTHCARE** 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 by \$100 per 30-day supply. Reimbursement will be received from **CHANGE HEALTHCARE**.

**Pharmacist Instructions for a Cash-Paying Patient:** Submit this claim to **CHANGE HEALTHCARE**. 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 **CHANGE HEALTHCARE**. Valid Other Coverage Code Required. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at 1-800-422-5604.

**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 AstraZeneca.

connective<sup>®</sup>

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