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.

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.

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 cannot afford your medication, AstraZeneca may be able to help. For more information, please visit AstraZeneca-US.com

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