

AirDuo
RespiClick® (fluticasone propionate 113 mcg
and salmeterol 14 mcg)
Inhalation Powder

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**Fluticasone Propionate and
Salmeterol Inhalation Powder
(Multidose Dry Powder Inhaler)**

Savings Offer Terms, Conditions and Eligibility Requirements

To the Patient: You must present this card and your primary insurance card to the pharmacist.

Insured Patients: for commercially insured patients, after you pay the first \$10 for your co-pay for your prescription of AirDuo RespiClick or the generic, you will receive up to \$100 off your co-pay for each fill for AirDuo RespiClick or up to \$25 off your co-pay for each fill for the generic. Any remaining out-of-pocket cost is at your expense.

Insured/Not Covered: for commercially insured patients whose insurance does not cover AirDuo RespiClick or the generic, after you pay the first \$10 for your prescription of AirDuo RespiClick or the generic, you will receive up to \$100 off for each fill for AirDuo RespiClick or up to \$25 off for each fill for the generic. Any remaining out-of-pocket cost is at your expense.

Non-Insured/Cash Pay: for patients who are uninsured and cash-paying, after you pay the first \$10 for your prescription of AirDuo RespiClick or the generic, you will receive up to \$100 off for each fill for AirDuo RespiClick or up to \$25 off for each fill for the generic. Any remaining out-of-pocket cost is at your expense.

All Patients: Limit of 12 fills for either AirDuo RespiClick or the generic. Maximum reimbursement limits apply and patient out-of-pocket expenses may vary.

This offer is not valid for patients eligible to have prescriptions paid for in part or in full by any state or federally funded programs, including but not limited to, Medicare or Medicaid, Medigap, VA, DOD, TRICARE, or by private health benefit programs which reimburse you for the entire cost of your prescription drugs. This offer is not valid for patients who are Medicare eligible and are enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (e.g., patients who are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). By redeeming this offer, the patient and pharmacist certify that you are an eligible patient and understand and agree to comply with the terms and conditions of this offer.

Void if copied, transferred, purchased, altered, or traded and where prohibited, taxed and restricted by law. Void in the Commonwealth of Massachusetts. Void in the State of California for branded AirDuo RespiClick only. This is not an insurance program.

This offer is restricted to residents of the United States and Puerto Rico. This offer may be changed or discontinued at any time without notice. This offer is limited to 1 per customer and may not be used with any other discount, coupon or offer. This offer expires on December 31st 2018. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, please call the AirDuo RespiClick Savings Program at 1-800-422-5604.

To the Pharmacist: By redeeming this offer the Pharmacist is certifying that AirDuo RespiClick or the generic is being dispensed to a patient eligible for this offer in compliance with the terms and conditions, and the pharmacist has not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription.

Pharmacy Instructions for Insured Patients: Submit this claim to **Change Healthcare**. A valid Other Coverage Code (e.g., 08) is required. For AirDuo RespiClick®, the patient is responsible for the first \$10 and the card pays up to the next \$100. For the generic, the patient is responsible for the first \$10 and the card pays up to the next \$25. Reimbursement will be received from **Change Healthcare**.

Pharmacy Instructions for Insured/Not Covered Patients: If the patient has commercial insurance but you receive a “not covered” response because AirDuo RespiClick or the generic is not on the patient’s formulary or is subject to prior authorization or step therapy and the patient has not met the criteria, continue the claim adjudication process and run the claim as secondary payer COB with the patient responsibility amount and a valid Other Coverage Code **(e.g., 03)**. Submit this claim to **Change Healthcare**. For AirDuo RespiClick®, the patient pay amount submitted will be reduced by up to \$100. For the generic, the patient pay amount submitted will be reduced by up to \$25. Reimbursement will be received from **Change Healthcare**.

Pharmacist Instructions for Cash-Paying Patients: Submit this claim to **Change Healthcare**. A valid Other Coverage Code **(e.g., 01)** is required. For AirDuo RespiClick®, the patient pay amount submitted will be reduced by up to \$100. For the generic, the patient pay amount submitted will be reduced by up to \$25. 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.

Please see full Prescribing Information, including Boxed WARNING, for [AirDuo RespiClick](#) and [Fluticasone Propionate/Salmeterol MDPI](#).