

**AirDuo RespiClick®**  
(fluticasone propionate and salmeterol)  
Inhalation Powder

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

## Savings Offer Terms and Conditions

AirDuo RespiClick® (fluticasone propionate 113 mcg and salmeterol 14 mcg) Inhalation Powder Savings Offer: Commercially insured patients pay as little as **\$10** on each fill with a maximum benefit of **\$100** per fill. Cash paying patients receive up to **\$100** off per fill.

Teva Generic fluticasone propionate and salmeterol inhalation powder (multidose dry powder inhaler) ("the generic"): Commercially insured patients pay as little as **\$10** on each fill with a maximum benefit of **\$25** per fill. Cash paying patients receive up to **\$25** off per fill.

Patients are not eligible if prescriptions are paid for in part or full by any state or federally funded programs, including but not limited to Medicare, Medicaid, Medigap, VA, DOD, TRICARE, or by private health benefit programs which reimburse for the entire cost of prescription drugs. This card 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 (i.e., patients who are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By redeeming this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this offer and that the patient is eligible for, and will comply with, the terms of this offer. By redeeming this offer, the patient and the pharmacist acknowledge that the patient is eligible, and the patient and pharmacist understand and agree to comply with the Terms and Conditions of this offer. If the patient is a minor, this offer must be redeemed by the patient's parent, guardian or caregiver. Offer not valid for patients under 12 years of age.

Void if copied, transferred, purchased, altered or traded and where prohibited and restricted by law. This is not an insurance program. Valid only in the United States including the Commonwealth of Puerto Rico. Offer for AirDuo RespiClick® is void in the Commonwealth of Massachusetts and the State of California, and where otherwise prohibited by law. This offer may not be used with any other discount, coupon or offer. **This offer expires on December 31, 2021. This program is managed by ConnectiveRx on behalf of Teva Pharmaceuticals USA, Inc.. Teva reserves the right to limit, change or discontinue this offer at any time without notice.** If you have any questions regarding your eligibility or benefits, please call **1-833-378-7362**.

**To the Patient: Commercially-Insured:** In order to redeem this offer you must have a valid prescription for AirDuo RespiClick® or the generic. Follow the dosage instructions given by the doctor. This offer must be presented along with your prescription and your primary insurance card.

**Non-Insured/Cash Paying Patients:** In order to redeem this offer you must have a valid prescription for AirDuo RespiClick®. Follow the dosage instructions given by the doctor. Patients with questions about the AirDuo RespiClick® Savings Offer should call **1-833-378-7362**.

**To the Pharmacist:** By redeeming this offer, the Pharmacist certifies that AirDuo RespiClick® or the generic is being dispensed to a patient eligible for this offer in compliance with these Terms and Conditions and the pharmacy has not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at **1-800-422-5604**. **For Commercially-Insured Patients:** Please submit the claim to the primary Third Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB coordination of benefits with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). Reimbursement will be received from **CHANGE HEALTHCARE**. **For Insured/Not Covered:** Patients who have 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). **For Cash-Paying Patients:** Please submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (e.g. 1) is required. For AirDuo RespiClick®, patients receive up to **\$100** off per fill. For the generic, patients receive up to **\$25** off per fill. Reimbursement will be received from **CHANGE HEALTHCARE**.