

AIRSUPA Saving Card

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Saving Card



If you have commercial insurance, here's all you need to take advantage of this offer*:

- A Supra Card
- A valid prescription for AIRSUPRA

No activation is required!

*Terms and conditions apply. Government restrictions exclude people enrolled in federal government insurance programs from using support or you don't meet the terms and conditions and cannot afford your medication, you may be eligible for additional.



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. Patients who are enrolled in state- or federally-funded prescription insurance programs are not eligible for this offer. This includes patients enrolled in Medicare Part C, Medicaid, Medicare Advantage (MA), Department of Defense (DOD) programs, or DCA, and patients who are enrolled in eligible and non-eligible government insurance programs under health plans or government-subsidized prescription drug benefit programs for veterans. 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 (out-of-pocket) patient. This offer is not insurance and is restricted to residents of the United States or a United States Territory (Guam, Puerto Rico, U.S. Virgin Islands, Northern Mariana Islands, American Samoa).

TERMS OF USE: Eligible commercially insured/benefit patients with no restrictions (age, sex, prior authorization, or NDC) and a valid prescription for AIRSUPRA (ciclesonide/budesonide) Inhalation Aerosol who present this Savings Card at participating pharmacies will pay as low as \$0 for their inhaler. Subject to the restrictions outlined in this offer, out-of-pocket expenses may vary. Other restrictions may apply. Patient is responsible for applicable taxes. If any two restrictions listed below are present, cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Patients, pharmacies, and prescribers cannot cause reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. AstraZeneca reserves the right to restrict, modify, or discontinue this offering at any time without notice. This offer is not conditioned on any cost, payment, or future purchase, including with us. Offer must be presented along with a valid prescription at the time of purchase. For additional details about this offer, please visit www.AstraZeneca.com. For more questions regarding this offer, please call 1-800-422-5265.

ADDITIONAL PROGRAM TERMS AND CONDITIONS: At the sole discretion and with or without notice, AstraZeneca may restrict, alternate, or otherwise modify this card for any reason, including but not limited to if you are not a commercially insured/benefit patient, if you do not meet the terms and conditions of this offer, or if you do not meet the requirements which limit or prevent you from receiving coverage for your inhaler; only allow partial coverage for your inhaler; remove coverage for your inhaler and require you to utilize the card; do not provide a material level of financial assistance for the cost of your inhaler; or disallow appropriate prescribers to verify your co-payment, deductibles, or co-insurance for your inhaler. You must meet the eligibility criteria, terms and conditions every time you use this card.

BY USING THIS CARD, YOU AND YOUR PHARMACY UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

Pharmacist Instructions for a Patient With an Eligible Third-Party Payer: For Insured/Commercial Patients: Submit this claim to the primary Third-Party Payer first. Then submit the balance due to **Pharmacy Data Management Inc.** as a Secondary Payer C28 with patient responsibility amount and a valid Other Coverage Code of 9. This will reduce the eligible patient's out-of-pocket costs to as low as \$0 for each inhaler, subject to a maximum savings limit. Patient's out-of-pocket expenses may vary. Reimbursement will be received from **Pharmacy Data Management Inc.**

For any questions regarding **Pharmacy Data Management Inc.** online processing, please call the Help Desk at 1-800-822-7324.

If you don't meet the above terms and conditions and cannot afford your medication, you may be eligible for our patient assistance program **AZAP**.

You may **request side effects related to AstraZeneca products**.

If you are without prescription coverage and cannot afford your medication, AstraZeneca may be able to help. If you need the additional information regarding AstraZeneca products, please contact AstraZeneca in the US at 1-800-255-9922, Monday through Friday, 9 AM to 5 PM ET, including holidays, or visit AstraZeneca-us.com.

Product dispensed pursuant to program rules and federal and state laws. This product information is intended for US consumers only.

AstraZeneca

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