

For eligible, commercially insured patients

PAY AS LOW AS \$0 FOR A 30-DAY SUPPLY*

Tudorza[®] Pressair[®]
(acclidinium bromide inhalation powder)
400 mcg



**Present this card
to your pharmacist—
and you may pay as low as \$0
on a 30-day supply (1 inhaler).***

*For eligible commercially insured patients. Subject to eligibility and monthly savings limit. Restrictions apply.

Powered By: **CHANGE HEALTHCARE**

BIN# 004682
PCN# CN
GRP# EC57045064
ID# 415558763801

Savings Offer Eligibility & Terms of Use

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 and is restricted to residents of the United States and Puerto Rico.

TERMS OF USE: Eligible commercially insured/covered patients with no restrictions (step-edit, prior authorization, or NDC block) and a valid prescription for **TUDORZA[®] PRESSAIR[®] (acclidinium bromide inhalation powder)** who present this savings card at participating pharmacies may pay as low as \$0 for each 30-day supply (1 inhaler), subject to a maximum savings limit of \$450. Patient out-of-pocket expenses may vary. 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), AstraZeneca will pay up to the first \$100, and you will be responsible for any remaining balance for each 30-day supply (1 inhaler). Other restrictions may apply. Patient is responsible for applicable taxes, if any. 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. 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 at the time of purchase. If you have any questions regarding this offer, please call 1-800-236-9933.

BY USING THIS CARD, YOU AND YOUR PHARMACIST 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/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 may reduce the eligible patient's out-of-pocket costs to as low as \$0 for up to a 30-day supply (1 inhaler), subject to a maximum savings limit of \$450 per 30-day supply (1 inhaler); patient out-of-pocket expenses may vary. Reimbursement will be received from **Change Healthcare**.

Pharmacist Instructions 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 for each 30-day supply (1 inhaler); patient out-of-pocket expenses may vary. 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 a maximum of \$100 per 30-day supply (1 inhaler). 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.

Program managed by ConnectiveRx on behalf of AstraZeneca.

Please see TUDORZA full [Prescribing Information](#) and [Patient Information](#), and discuss with your doctor.

You may report side effects related to AstraZeneca products by clicking [here](#).



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