BREZTRI AEROSPHERE®
(budesonide, glycopyrrolate, and formoterol fumarate) Inhalation Aerosol

PAY AS LITTLE AS $0 EVERY MONTH

For Eligible Commercially Insured Patients

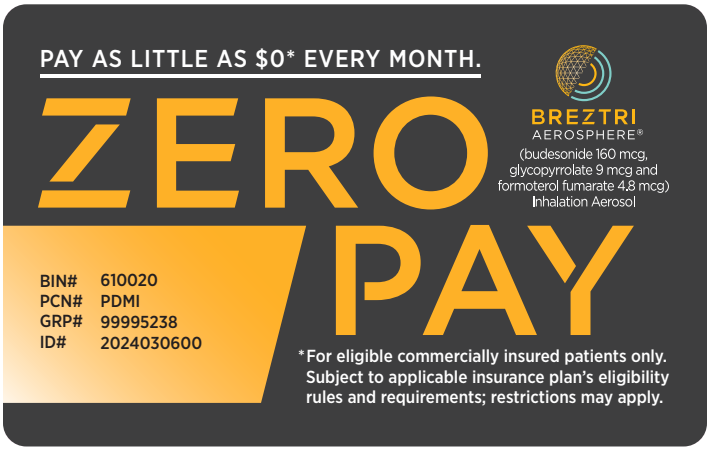
PATIENT SAVINGS

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

- **The ZERO PAY Savings Card**
- **A valid prescription for BREZTRI AEROSPHERE**

No activation is required!

*Subject to applicable insurance plan's eligibility rules and requirements; restrictions may apply.



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. If you use a mail-order pharmacy, please contact your pharmacy provider to confirm if this offer will be accepted.

TERMS OF USE: Eligible commercially insured/covered patients with no restrictions (step-edit, prior authorization, or NDC block) and a valid prescription for BREZTRI AEROSPHERE® (budesonide, glycopyrrolate, and formoterol fumarate) Inhalation Aerosol who present this savings card at participating pharmacies will pay as low as $0 for each 30-day supply (1 inhaler)][, subject to a maximum savings limit; patient out-of-pocket expenses may vary. If you are uninsured or if you 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. For additional details about this offer, please visit www.breztrisavings.com. If you have any questions regarding this offer, please call 1-833-458-0440.

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 **Pharmacy Data Management Inc** 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 as low as $0 for each 30-day supply (1 inhaler), subject to a maximum savings limit for the program; patient out-of-pocket expenses may vary. Reimbursement will be received from **Pharmacy Data Management Inc**.

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 **Pharmacy Data Management Inc** 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). Reimbursement will be received from **Pharmacy Data Management Inc**.

Pharmacist Instructions for a Cash-Paying (Uninsured) Patient: Submit this claim to **Pharmacy Data Management Inc**. A valid Other Coverage Code (eg, 1) is required. The card will cover up to a maximum of $100 for each 30-day supply (1 inhaler). Reimbursement will be received from **Pharmacy Data Management Inc**. Valid Other Coverage Code Required.

For any questions regarding **Pharmacy Data Management Inc** online processing, please call the Help Desk at 1-800-800-7364.

AstraZeneca

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