

FOR COMMERCIALLY INSURED PATIENTS

Daliresp
(roflumilast) tablets



*Subject to eligibility rules below. Restrictions apply.

Card is ready to use; no activation required

Eligible commercially insured patients
pay \$25 for each prescription.*

Cash-paying patients may save up to
\$100 per 30-day supply.*

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, is restricted to residents of the United States and Puerto Rico, and to patients over 18 years of age. This offer is not valid for mail order.

TERMS OF USE: Eligible commercially insured patients with a valid prescription for DALIRESP® (roflumilast) tablets who present this savings card at participating pharmacies may pay as little as \$25 per 30-day supply if their out-of-pocket cost is more than \$25. If you pay cash for your prescription, you will receive up to \$100 in savings on your out-of-pocket costs that exceed \$25 for each prescription. This offer is good for 12 uses, and each 30-day supply counts as 1 use. Other restrictions may apply. Patient is responsible for applicable taxes, if any. If you have any questions regarding this offer, please call 1-866-459-2015. 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 for DALIRESP tablets at the time of purchase.

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:

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 (**eg, 8**). The patient is responsible for the first \$25 per 30-day supply. 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 \$100 per 30-day supply. Reimbursement will be received from **CHANGE HEALTHCARE**.

Valid Other Coverage Code Required: 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.

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

If you cannot afford your medication, AstraZeneca may be able to help. For more information, please visit [AstraZeneca-US.com](#)

This product information is intended for US consumers only.



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