

YOUR SAVINGS CARD IS NOW ACTIVATED

Print this page and present it to your pharmacist when you fill your prescription.

COMBIVENT[®]
Respimat[®]
(ipratropium bromide and albuterol)
INHALATION SPRAY

These savings are brought to you by **COMBIVENT RESPIMAT**

Eligible patients

PAY AS LITTLE AS \$35*

for a 30-day prescription fill.

RxBIN: 610524
RxGRP: 50778180
RxPCN: Loyalty
ISSUER: (80840)
ID: 1475035836

COMBIVENT[®]
Respimat[®]
(ipratropium bromide and albuterol)
INHALATION SPRAY



*Terms and Conditions Apply. Government restrictions exclude patients enrolled in government-funded programs from participating.
(07/24) PC-US-139529

Boehringer Ingelheim Pharmaceuticals Inc. Savings Card Terms and Conditions for COMBIVENT[®] RESPIMAT[®] (ipratropium bromide and albuterol) inhalation spray

To the Patient/Legal Representative: By using this Savings Card Program ("Program" or "Card"), you attest that you meet the eligibility criteria, and you agree to comply with the terms and conditions described below.

Eligibility: You must have a prescription consistent with FDA-approved product labeling for a COMBIVENT RESPIMAT covered inhaler. You must be a resident of the 50 United States, DC, and territories including Puerto Rico, Guam, and the U.S. Virgin Islands. **You must not be enrolled in any governmental healthcare program such as Medicaid, Medicare, Medigap, the Retiree Drug Subsidy Program, VA, DOD, TRICARE[®], or any state patient or pharmaceutical assistance program.** You must be 18 years of age or older.

Card Terms and Conditions: You must have a prescription consistent with FDA-approved product labeling to pay as little as \$35 for a 30-day prescription fill of your COMBIVENT RESPIMAT covered inhaler. Card savings are subject to a maximum monthly savings of wholesale acquisition cost plus usual and customary pharmacy charges per prescription fill, up to a maximum of 12 prescription fills per calendar year for each covered inhaler. Only valid for (i) uninsured patients who pay cash or (ii) commercially insured patients whose insurance policy does not reimburse for the entire cost of the prescription. Program only valid in the 50 United States, DC, and territories including Puerto Rico, Guam, and the U.S. Virgin Islands. Uninsured patients who pay cash who use this Program attest that they do not have any commercial insurance. **Program not valid for patients whose prescriptions for COMBIVENT RESPIMAT are eligible to be reimbursed, in whole or in part, by any governmental program such as Medicaid, Medicare, Medigap, the Retiree Drug Subsidy Program, VA, DOD, TRICARE[®], or any state patient or pharmaceutical assistance program and where prohibited by law.** Program not valid for prescriptions for COMBIVENT RESPIMAT that are eligible to be reimbursed, in whole or in part, by any state employee health plans where prohibited by law. Program terms and conditions may change at any time, without notice. This Program is intended to comply with all applicable laws and regulations, including, without limitation, the federal Anti-Kickback Statute, its implementing regulations, and related guidance interpreting the federal Anti-Kickback Statute. The selling, purchasing, trading, or counterfeiting of the Card is prohibited by law. The Card has no cash value. Subject to Boehringer Ingelheim's right to terminate, rescind, revoke, or amend Card eligibility criteria and/or Card terms and conditions which may occur at Boehringer Ingelheim's sole discretion, without notice, and for any reason, Card expires and savings end on 12/31/2024.

Additional Program Terms and Conditions: If you have an insurance plan that is participating in an alternate funding program ("AFP") (examples include, but are not limited to, ImpaxRX, Payer Matrix, SHARx, Script Sourcing, and Payhealth) that requires you to apply to the Boehringer Ingelheim Savings Card Program or otherwise pursue drug prescription coverage through an alternate funding vendor as a condition of, requirement for, or prerequisite to coverage of your covered inhaler, you are not eligible for and are prohibited from using the Boehringer Ingelheim Savings Card Program. In Massachusetts and California, the validity of this Card and its use are subject to state law. Other state restrictions may apply. One Card per patient, not transferable, and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer. **Card not accepted in Veterans Affairs pharmacies.** Program is not health insurance. You must present this Card (or the Card identification information) to the pharmacist with your COMBIVENT RESPIMAT prescription to participate.

Insurance plans, Pharmacy Benefit Managers (PBMs) and other third-party companies are prohibited from enrolling or assisting in the enrollment of patients in the Program. The patient, or his/her legal representative, must personally request participation in the Program in order to be eligible for Program benefits.

The value of the Program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles.

By using the Program, you agree that this Program is intended solely for the benefit of you, the patient.

Some insurance plans have established programs referred to as 'accumulator adjustment' or 'co-pay maximizer' programs which require you to enroll in a manufacturer copay assistance program. An accumulator adjustment program is one in which payments made by you that are subsidized by manufacturer assistance do not count toward your deductibles and other out-of-pocket cost sharing limitations. Co-pay maximizers are programs in which the amount of your out-of-pocket costs is increased to reflect the availability of support offered by a manufacturer assistance program. Except where prohibited by applicable state law, if your insurance company, health plan or other company implements either an accumulator adjustment or co-pay maximizer program, you will not be eligible for, and agree not to use, the Program because these programs are inconsistent with our agreed intent that this Program is solely for your benefit. Since you may be unaware whether you are subject to a co-pay maximizer program when you enroll in the co-pay assistance Program, if Boehringer Ingelheim suspects or is made aware that you are subject to one of these programs, we reserve the right to discontinue copay assistance at any time.

To the Pharmacist: Use of this Card certifies that you have not and will not submit a claim for reimbursement for this prescription under any federal, state or other governmental programs. Use of this Card also certifies that you will submit all appropriate claims for reimbursement for this prescription under the patient's commercial insurance, if applicable.

- Submit transaction to McKesson Corporation using BIN #610524
- If primary coverage exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- Acceptance of this card and your submission of claims for the COMBIVENT RESPIMAT savings card Program are subject to the LoyaltyScript® program Terms and Conditions posted at <http://www.mckesson.com/mprstnc>
- **Patient is not eligible if patient's prescription for COMBIVENT RESPIMAT is eligible to be reimbursed, in whole or in part, by any governmental program such as Medicaid, Medicare or any state patient or pharmaceutical assistance program.**
- Not valid for patients receiving Medicare Part A covered care in a facility (including, but not limited to, a hospital, skilled nursing facility, nursing home, and hospice).
- The LoyaltyScript® Card is not valid for use with any other prescription drug discount or cash cards for COMBIVENT RESPIMAT. Claims submitted utilizing the program are subject to audit or validation.
- For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for COMBIVENT RESPIMAT savings card program at 1-877-264-2440 [8:00 AM-8:00 PM EST Monday-Friday; Saturday, 9:30 AM-6:00 PM EST].

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Questions

If you have questions about the COMBIVENT RESPIMAT Savings Card, call Solutions Plus™ toll-free at 1-877-264-2440, Monday–Friday, 8:00 AM–8:00 PM ET.

Please see full Prescribing Information, and Instructions for Use for COMBIVENT RESPIMAT at Combivent.com



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