

PAY NO MORE THAN \$35*

ADVAIR DISKUS
(fluticasone propionate and salmeterol inhalation powder)

ANORO ELLIPTA
(umeclidinium and vilanterol inhalation powder)

BREO ELLIPTA
(fluticasone furoate and vilanterol inhalation powder)

Serevent Diskus
(salmeterol xinafoate inhalation powder)

Ventolin HFA
(albuterol sulfate inhalation aerosol)

ADVAIR HFA
(fluticasone propionate and salmeterol inhalation aerosol)

ARNUITY ELLIPTA
(fluticasone furoate inhalation powder)

INCRUSE ELLIPTA
(umeclidinium inhalation powder)

TRELEGY ELLIPTA
(fluticasone furoate, umeclidinium, and vilanterol inhalation powder)

*Subject to eligibility; restrictions apply. Available by prescription only.

Prescription Processing Information:

BIN#: 610524

GRP#: 50778236

PCN#: Loyalty

ID#:

Offer Expires: 12/31/2026

- Present this coupon and, if applicable, your insurance card with your prescription for any of these products at any participating pharmacy.
- Eligible commercially insured patients will pay \$35 per inhaler.
- Eligible patients without insurance to cover the cost of their prescription will pay \$35 per inhaler.
- This offer is valid for up to 12 uses per product, and each inhaler counts as 1 use.
- This coupon may not be used by government beneficiaries, including those eligible for or enrolled in Medicare (see complete eligibility requirements for information).
- This coupon is nontransferable. Duplicates of this uniquely coded coupon are invalid and not redeemable at the pharmacy.
- **This coupon is not health insurance.**
- If you use a mail-order pharmacy, please contact your pharmacy provider to ensure this offer will be accepted.
- This offer expires 12/31/2026.

ELIGIBILITY: Patients may be eligible for this savings offer if they have commercial insurance and insurance does not cover the full cost of the prescription, or if they are not insured and are responsible for the cost of their prescriptions. Patients are not eligible for this program if they are covered by any federal or state prescription insurance program. This includes patients enrolled in Medicare Part B, Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DoD) programs or TRICARE. This may also include state pharmaceutical assistance programs and other federal or state plans not listed. Patients are also ineligible for this program if they are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. Patients enrolled in a state or federally funded prescription insurance program may not use this program even if they elect to be processed as an uninsured (cash-paying) patient. Patients enrolled in private indemnity or HMO insurance plans that reimburse them for the entire cost of their prescription drugs are also not eligible. **This offer is not health insurance** and is restricted to residents of the United States, Puerto Rico, and US territories. Void where prohibited by law, taxed, or restricted.

TERMS OF USE: You must have a valid prescription at the time of purchase for one of the following GSK inhalers: ADVAIR DISKUS (fluticasone propionate and salmeterol inhalation powder), ADVAIR HFA (fluticasone propionate and salmeterol inhalation aerosol), ANORO ELLIPTA (umeclidinium and vilanterol inhalation powder), ARNUITY ELLIPTA (fluticasone furoate inhalation powder), BREO ELLIPTA (fluticasone furoate and vilanterol inhalation powder), INCRUSE ELLIPTA (umeclidinium inhalation powder), SEREVENT DISKUS (salmeterol xinafoate inhalation powder), TRELEGY ELLIPTA (fluticasone furoate, umeclidinium, and vilanterol inhalation powder), and VENTOLIN HFA (albuterol sulfate inhalation aerosol).

Eligible commercially insured/covered patients with no restrictions (step edit, prior authorization, or NDC block) or patients who are uninsured who present this savings offer at participating pharmacies will pay no more than \$35 for each inhaler when the price charged for the product does not exceed the wholesale acquisition cost (WAC). Patient's out-of-pocket cost (the amount paid after insurance deductions) if any, may vary. This savings offer is valid for up to twelve (12) uses per product, and each inhaler counts as one (1) use. Other restrictions may apply. Patient is responsible for applicable taxes, if any. This savings offer is limited to (one) 1 person, is nontransferable, and cannot be combined with any other coupon, free trial, or similar offer. Substitutions are not permitted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the amount received by the patient through this savings offer. Savings offer is not valid for: Massachusetts residents if an AB-rated generic equivalent is available; California residents if an FDA approved therapeutic equivalent is available.

Other state restrictions may apply. Your acceptance of this savings offer must be consistent with the terms of any drug benefit plan provided to you by your health insurer. You agree to report your use of this coupon to your health insurer if required. This savings offer may not be sold, purchased, traded, or counterfeited. Duplicates of this uniquely coded offer are invalid and not redeemable at the pharmacy. This savings offer is not conditioned on any

GSK for You

If you have questions about how to access your GSK medication or need cost information, visit gskforyou.com or call 1-866-GSK-FOR-U (1-866-475-3678).

ANORO ELLIPTA and BREO ELLIPTA were developed in collaboration with **INNOVIVA**

past, present, or future purchase, including refills. This savings offer expires on 12/31/2026.

ADDITIONAL PROGRAM TERMS AND CONDITIONS: At its sole discretion and with or without notice, GSK or McKesson may reduce, eliminate, or otherwise modify the savings offer for any reason and at any time, including but not limited to if your commercial drug insurance plan imposes additional requirements which limits or prevents you from receiving coverage for your inhaler, only allows partial coverage for your inhaler, removes coverage for your inhaler and requires you to utilize the card, does not provide a material level of financial assistance for the cost of your inhaler, or does not apply program payments to satisfy your copayment, deductible, or coinsurance for your inhaler. You must meet the eligibility criteria, terms and conditions every time you use this savings offer.

Some insurance plans have established programs referred to as 'accumulator adjustment' or 'copay 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. Copay 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 copay maximizer program, you will not be eligible for, and agree not to use, this savings offer because these programs are inconsistent with our agreed intent that this savings offer is solely for your benefit. Since you may be unaware whether you are subject to a copay maximizer program when you enroll in the copay assistance program, if GSK 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.

PHARMACIST INSTRUCTIONS:

For Insured Patients: For reimbursement, submit the claim to the patient's primary third-party payer first, and then submit the balance due to McKesson.

For Cash-Paying Patients: For reimbursement, submit this claim to McKesson.

Reimbursement will be received from McKesson.

To the Pharmacist: BY REDEEMING THIS OFFER, I, the Pharmacist, UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

To the Patient: BY REDEEMING THIS OFFER, I, the Patient, UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

For pharmacy processing assistance or questions, please call the Help Desk at **1-866-747-1170**.

HOURS OF OPERATION:

Monday – Friday 8:00 AM – 8:00 PM ET,
Saturday 9:30 AM – 6:00 PM ET, excluding holidays

Please see full [Prescribing Information](#), including Boxed Warning and Medication Guide, for **SEREVENT DISKUS**.

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PMUS-UCVC0UP250002 September 2025
Produced in USA. 0002-0041-20

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