

HERE IS YOUR **VOUCHER**. PLEASE PRINT OR SAVE THE IMAGE.

**Asmanex**<sup>®</sup>  
*Twisthaler*<sup>®</sup> 110 mcg, 220 mcg  
(mometasone furoate inhalation powder)

**Asmanex**<sup>®</sup> **HFA**  
50 mcg, 100 mcg, 200 mcg (mometasone furoate)  
Inhalation Aerosol

**Eligible patients may receive one (1) free oral inhaler of ASMANEX HFA or ASMANEX TWISTHALER.**

RxBIN: 610524

RxPCN: 1016

RxGrp: 40027938

ISSUER: (80840)

ID: 1391254024

Expiration Date:

11/30/2021\*

(See terms and conditions  
below for details)

**This voucher is not insurance.**

ASMANEX HFA and ASMANEX TWISTHALER are prescription medications. Only your health care provider can decide whether ASMANEX HFA or ASMANEX TWISTHALER is right for you.

### How this voucher works:

- This voucher can be used 1 time per product before the expiration date.\*
- To receive your free oral inhaler of ASMANEX HFA or ASMANEX TWISTHALER, take this voucher with your valid signed prescription to any participating eligible retail pharmacy (certain restrictions apply).
- There is no requirement to purchase any product or service to receive your free oral inhaler of ASMANEX HFA or ASMANEX TWISTHALER.
- Restrictions apply. **Please see Terms and Conditions.**

**Please note: The same free trial offer may be available in different forms. For example, you may receive the voucher from your doctor, or you may print it yourself from the product Web site. Regardless of how many vouchers you receive or print, you may only use the voucher consistent with the terms and conditions.**

### Prescriber:

To initiate a free oral inhaler for an appropriate patient, you should:

- **Read the Prescribing Information before prescribing ASMANEX HFA or ASMANEX TWISTHALER.** For copies of the Prescribing Information, call 800-672-6372, visit [asmanex.com](http://asmanex.com) or contact your Merck representative.
- Write a prescription for an oral inhaler of ASMANEX HFA or ASMANEX TWISTHALER. No substitutions are permitted.
- Refills are not required and there are no requirements to purchase any product or service to use this voucher. If you want your patient to continue taking ASMANEX HFA or ASMANEX TWISTHALER beyond the free trial period, please write a separate prescription based on your recommended therapy.
- Give the valid signed prescription and this voucher to the patient along with the Patient Information for ASMANEX HFA or ASMANEX TWISTHALER.
- Eligible patients can take this voucher and the signed prescription to any participating eligible retail pharmacy to receive their free oral inhaler.
- Restrictions apply. **Please see Terms and Conditions.**

### Pharmacist:

- Only 1 voucher may be used per patient per product. Voucher may not be transferred to another patient.
- There is no requirement for patient to purchase any product or service and refills are not required.
- Please ensure that the medication and dosage strength match the medication and dosage strength on the prescription.
- **Submit claim to McKesson Corporation using BIN No. 610524. For pharmacy processing questions, please call the McKesson Help Desk at 877-264-2454 (8 AM–8 PM ET, Monday–Friday).**
- For any other prescriptions, please use the patient's primary method of payment and a new Rx number.
- By processing this voucher, you agree that no claim for payment or reimbursement may be submitted for the free trial supply to any patient or any third-party payer, including federal or state health care programs (Medicaid, Medicare [including true out-of-pocket expense (TrOOP)], Puerto Rico Government Health Insurance Plan ["Healthcare Reform"] or any other state or federal medical or pharmaceutical benefit or pharmaceutical assistance program), private insurers, and health or pharmacy benefit plans.
- Subject to changes in state law, this voucher may become invalid for residents of Massachusetts prior to its expiration date.
- McKesson Corporation reserves the right to audit and review all records and documentation relating to the redemption of this voucher and the dispensing of product.
- By accepting this voucher, you agree to the terms hereof.

### Terms and Conditions:

- This voucher is valid for one (1) free oral inhaler of ASMANEX HFA or ASMANEX TWISTHALER.
- Limit 1 voucher per product per patient for the duration of the program. Patients who have previously redeemed any voucher for ASMANEX HFA or ASMANEX TWISTHALER are not eligible to redeem this voucher for that product.
- Free trial offer is valid only for one (1) oral inhaler of ASMANEX HFA (50 mcg, or 100 mcg, or 200 mcg 120 metered actuations) or one (1) oral inhaler of ASMANEX TWISTHALER (110 mcg 30-inhalation units, or 220 mcg 30-inhalation units, or 220 mcg 60-inhalation units, or 220 mcg 120-inhalation units). No purchase is necessary. Refills are not required.
- This voucher is not transferable. No substitutions are permitted. This offer cannot be combined with any other free trial, coupon, discount, prescription savings card, or other offer.
- **This voucher is not insurance.**
- **Subject to changes in state law, this voucher may become invalid for residents of Massachusetts prior to its expiration date.**
- You must be 18 years of age or older to redeem this voucher for yourself or a minor (other age restrictions may apply). Patient, guardian, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the recipient through this offer. The free trial supply cannot be used toward any out-of-pocket costs under any plan (such as true out-of-pocket expense [TrOOP]).
- This voucher can be used only by eligible residents of the United States or the Commonwealth of Puerto Rico at participating eligible retail pharmacies in the United States or the Commonwealth of Puerto Rico. Product must originate in the United States or the Commonwealth of Puerto Rico.
- This voucher is the property of Merck and must be turned in on request.
- **It is illegal to sell, purchase, trade, or counterfeit or offer to sell, purchase, trade, or counterfeit this voucher. Void if reproduced. Void where prohibited by law, taxed, or restricted.**
- Merck reserves the right to rescind, revoke, or amend this offer at any time without notice.
- Data related to your redemption of this voucher may be collected, analyzed, and shared with Merck, for market research and other purposes related to assessing voucher programs. Data shared with Merck will be aggregated and de-identified, meaning it will be combined with data related to other voucher redemptions and will not identify you.
- **\*Expiration Date: 11/30/2021, or, for an individual product, the earlier of 11/30/2021 or the date an A-rated generic equivalent to ASMANEX HFA or ASMANEX TWISTHALER is approved by the United States Food and Drug Administration (FDA). For clarity, if an A-rated generic equivalent to ASMANEX HFA is approved by the FDA before 11/30/2021, by way of example only, this voucher will no longer be valid for ASMANEX HFA as of that date, but will remain valid for ASMANEX TWISTHALER until its expiration date, provided all other eligibility restrictions and terms and conditions are met.**

