ELIGIBLE COMMERCIALLY INSURED PATIENTS

PAY NO MORE THAN $10*

TRELEGY ELLIPTA
(fluticasone furoate 100 mcg, umecclidinium 62.5 mcg, and vilanterol 25 mcg inhalation powder)

Please see full Prescribing Information, including Boxed Warning and Medication Guide, available on trelegy.com

To Healthcare Professional: If you are a healthcare professional who resides outside the state of Vermont but regularly practices in Vermont, please do not download, print, or otherwise accept coupons or vouchers for GSK products. Please visit www.GSKforyou.com for details.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

ELIGIBILITY: Patients may be eligible for this 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. Government beneficiaries; patients who are enrolled in any federal healthcare program, including patients enrolled in Medicare (Part D or otherwise), Medicaid, Medicare Advantage (MA) or Medicare Extra Spice (MA) programs, or TRICARE; patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government prescription drug benefit program for retirees; or patients enrolled in any similar federal or state programs, including state pharmaceutical assistance programs, are NOT eligible for this offer. Further, patients CANNOT use this coupon if they are Medicare eligible. For coupon eligibility purposes, all those 65 or older will be considered Medicare eligible. If patients are government beneficiaries or Medicare eligible, they may not use this savings card even if they elect to be processed as an uninsured (cash-paying) patient. 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. Not valid in Massachusetts if an AB-rated generic drug is available for the product.

TERMS OF USE: Eligible commercially insured patients with a valid prescription for TRELEGY who present this savings card at participating pharmacies will pay $10 per 30-day supply. Eligible patients without insurance will receive up to $100 in savings on each 30-day supply of TRELEGY. This offer is limited to one per person and is nontransferable and each 30-day supply counts as 1 use. Patient is responsible for applicable taxes, if any. This offer is limited to one per person and is nontransferable and cannot be combined with any other coupon, free trial, or similar offer. No substitutions are 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 offer. Offer must be presented along with a valid prescription for TRELEGY at the time of purchase.

TRELEGY ELLIPTA was developed in collaboration with INNOVIVA

*Subject to eligibility; restrictions apply. TRELEGY available by prescription only.

Prescription Processing Information:

- BIN#: 610524
- GRP#: 50777513
- PCN#: 1016
- ID#: 1216018261
- Offer Expires: 12/31/2019

- Present this coupon and, if applicable, your insurance card with your prescription for TRELEGY at any participating pharmacy.
- Eligible commercially insured patients will pay $10 per 30-day supply of TRELEGY.
- Eligible patients without insurance to cover the cost of their prescription will receive up to $100 in savings on each 30-day supply of TRELEGY. You will be responsible for any remaining out-of-pocket cost.
- This offer is valid for up to 12 uses, and each 30-day supply counts as 1 use.
- In order to receive 12 uses, the first use must occur before 1/31/2019.
- This coupon may not be used by government beneficiaries, including those eligible for or enrolled in Medicare. For coupon eligibility purposes, Medicare-eligible patients include all those age 65 or older (see complete eligibility requirements below 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.

Your acceptance of this 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.

GSK or McKesson (on GSK’s behalf) reserves the right to rescind, revoke, or amend this offer at any time without notice. This offer may not be sold, purchased, traded, or counterfeited. Duplicates of this uniquely coded offer are invalid and not redeemable at the pharmacy. This offer is not conditioned on any past, present, or future purchase, including refills. This offer expires on 12/31/2019.

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.

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 – 9:00 pm ET,
- Saturday 9:30 am – 6:00 pm ET, excluding holidays

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If you don’t have prescription coverage and can’t afford your medicines, visit GSKforyou.com or call 1-866-GSK-FOR-U (1-866-475-3678)