

Boehringer Ingelheim Pharmaceuticals Inc.

SPIRIVA RESPIMAT Savings Card Terms & Conditions

To the Patient: Eligible commercially insured patients 18 years or older may pay as little as \$0/month with a maximum savings up to \$100 per 30 day supply. Card valid for 12 number of uses per year. Benefits not to exceed program expiration on 12/31/2022. In Massachusetts and California, the validity of this voucher 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 to the pharmacist with your SPIRIVA RESPIMAT prescription to participate. Only valid for commercially insured patients in the 50 United States, territories, DC, and Puerto Rico whose insurance policy provides coverage for SPIRIVA RESPIMAT who are not reimbursed for the entire cost of the prescription. **Offer not valid for patients without commercial coverage or patients whose prescriptions for SPIRIVA 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.** Offer not valid for prescriptions for SPIRIVA RESPIMAT that are eligible to be reimbursed, in whole or in part, by any state employee health plans where prohibited by law. Offer may change at any time, without notice. This offer 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 offer is prohibited by law. The offer has no cash value.

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.

- 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 SPIRIVA 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 SPIRIVA 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 SPIRIVA 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 SPIRIVA RESPIMAT Savings Card program at: 1-855-772-7223 [8:00 AM-8:00 PM EST Monday-Friday; Saturday, 9:30 AM-6:00 PM EST].