

PAY AS LITTLE AS
\$0 FOR ELIGIBLE COMMERCIALY INSURED PATIENTS
SEE IF YOU QUALIFY*
See details below.

Go to [TRELEGY.com/SupportKit](https://www.trelegy.com/SupportKit) to sign up for a FREE Support Kit with:

- Tools and info for getting the most out of your treatment
- Helpful management tips

Maximum savings of \$500 per month between January 1, 2024 and March 31, 2024; and \$200 per month at all other times.

TRELEGY ELLIPTA

(fluticasone furoate, umeclidinium, and vilanterol inhalation powder)



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. 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. Those on Medicare Part D, even if in the coverage gap, are not eligible. 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: Eligible commercially insured/covered patients with no restrictions (step-edit, prior authorization, or NDC block) and with a valid prescription for TRELEGY (fluticasone furoate, umeclidinium, and vilanterol inhalation powder) who present this savings card at participating pharmacies will pay as little as \$0 for each covered 30-, 60-, or 90-day supply (1-3 inhalers) of TRELEGY. Maximum savings from offer will not exceed \$500 per month between January 1, 2024 and March 31, 2024; and \$200 per month at all other times for patient's out-of-pocket cost (the amount paid after insurance deductions, if any). If you pay cash for your prescription, or are insured and your insurance does not cover or has a managed care restriction (step-edit, prior authorization, or NDC block), and are not a government beneficiary or Medicare eligible, you will receive up to \$100 in savings on your out-of-pocket costs for each 30-day supply. This offer is valid for up to 12 uses, and each 30-day supply counts as 1 use. Other restrictions may apply. Patient is responsible for applicable taxes, if any. This offer is limited to 1 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

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

GET STARTED TODAY!

This offer requires a one-time activation prior to use.
To activate, call 1-855-208-3317 or visit activatethecard.com/gsk

Prescription Processing Information:

BIN#: 610524 **PCN#: Loyalty**
GRP#: 50778141 **ID#: undefined**

Offer Expires: 12/31/2024

- Present this coupon and, if applicable, your insurance card with your prescription for TRELEGY at any participating pharmacy.
- Eligible commercially insured patients will pay as little as \$0 for each covered 30-, 60-, or 90-day supply (1-3 inhalers) of TRELEGY. Maximum savings of \$500 per month between January 1, 2024 and March 31, 2024; and \$200 per month at all other times.
- 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.
- This coupon may not be used by government beneficiaries, including but not limited to those enrolled in Medicare or Medicaid (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.
- This offer expires 12/31/2024.

time of purchase. 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 12/31/2024.

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

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GSK for you

If you don't have prescription coverage, or need help paying for your medicine, visit [GSKforyou.com](https://www.gskforyou.com) or call
1-866-GSK-FOR-U (1-866-475-3678)