With the **FARXIGA**, **XIGDUO XR** or **QTERN** SavingsRx Card

**ELIGIBILITY:** You may be eligible for this offer if you are insured by commercial insurance and your insurance does not cover the full cost of your prescription, or you are not insured and are responsible for the cost of your prescriptions. Patients who are enrolled in a state or federally funded prescription insurance program are not eligible for this offer. This includes patients enrolled in Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs or TriCare, and patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. If you are enrolled in a state or federally funded prescription insurance program, you may not use this savings card even if you elect to be processed as an uninsured (cash-paying) patient. This offer is not insurance, is restricted to residents of the United States and Puerto Rico, and to patients over 18 years of age.

**TERMS OF USE:** Eligible commercially insured patients with a valid prescription for FARXIGA® (dapagliflozin), XIGDUO® XR (dapagliflozin and metformin HCl extended-release) or QTERN® (dapagliflozin and saxagliptin) who present this savings card at participating pharmacies will pay as low as $0 per 30-day supply subject to a maximum savings limit for the program, and a valid Other Coverage Code of 8. This will reduce the eligible patient’s out-of-pocket costs to as low as $0 per 30-day supply subject to a maximum savings limit for the program, patient out-of-pocket expenses may vary. Reimbursement will be received from Change Healthcare.

**PHARMACIST INSTRUCTIONS FOR A PATIENT WITH AN ELIGIBLE THIRD PARTY:** For Insured/Covered Patients: Submit the claim to the primary Third-Party Payer first, then submit the balance due to Change Healthcare as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 3. This will reduce eligible patient’s out-of-pocket costs to as low as $0 per 30-day supply subject to a maximum savings limit for the program, patient out-of-pocket expenses may vary. Reimbursement will be received from Change Healthcare.

**PHARMACIST INSTRUCTIONS FOR INSURED/NOT COVERED PATIENTS:** Submit the claim to the primary Third-Party Payer first, if the primary claim submission shows a managed care restriction (step-edit, prior authorization or NDC block), continue the claim adjudication process and submit the balance due to Change Healthcare as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 3. This will reduce eligible patient’s out-of-pocket costs to as low as $0 per 30-day supply subject to a maximum savings limit for the program, patient out-of-pocket expenses may vary. Reimbursement will be received from Change Healthcare.

**PHARMACIST INSTRUCTIONS FOR A CASH-PAYING PATIENT:** Submit this claim to Change Healthcare. A valid Other Coverage Code (eg, 1) is required. The card will cover up to $150 per 30-day supply. Reimbursement will be received from Change Healthcare. Valid Other Coverage Code Required.

For any questions regarding Change Healthcare online processing, please call the Help Desk at 1-800-422-5604.

Please see Full Prescribing Information and Medication Guide for **XIGDUO XR** including Boxed WARNING about lactic acidosis.

*BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.*

**Product dispersed pursuant to program rules and federal and state laws.**

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