



THIS OFFER IS INVALID FOR PATIENTS WHOSE PRESCRIPTION CLAIMS ARE ELIGIBLE TO BE REIMBURSED, IN WHOLE OR IN PART, BY ANY GOVERNMENT PROGRAM.

## Easy, affordable access to Tobramycin Inhalation Solution

PRESENT THIS CARD TO YOUR PHARMACIST  
ALONG WITH A VALID PRESCRIPTION FOR  
**Tobramycin Inhalation Solution**  
**300mg/4mL**



**Dear Patient:** The Tobramycin Inhalation Solution Co-pay Card is being provided to you by Prasco, LLC to cover the portion of your Tobramycin Inhalation Solution prescription co-pay up to a maximum of \$250 per month if eligible.

**See terms and conditions below.**

- Restrictions apply. Limit one card per person per month. A qualifying monthly prescription refill consists of 1 treatment cycle of 28 days on/28 days off.
- Please present this card along with your prescription to your pharmacy. Remind the pharmacist to return this card so you can reuse it for remaining qualifying refills, if applicable.
- For further information or questions, please call 1-866-525-0688.

**Pharmacist Instructions for a Patient with an Eligible Third Party with Coverage for the Product:**

- Submit the claim to the primary Third Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB [Coordination of Benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). The patient will pay \$0. Up to \$250 off per fill. Reimbursement will be received from **CHANGE HEALTHCARE**
- Valid Other Coverage Code required
- Only commercially insured patients whose primary insurance covers Tobramycin Inhalation Solution are eligible for savings.
- Reimbursement will be received from **CHANGE HEALTHCARE**.

For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at 1-800-433-4893.

**Tobramycin Inhalation Solution Savings Program Terms and Conditions:**

Patients must have primary commercial insurance coverage for Tobramycin Inhalation Solution 300mg/4mL. Cash discount cards and other non-insurance plans are invalid as primary insurance under this offer. Offer subject to a cap of \$250 per script. Patient is responsible for payment of any excess co-payment if patient exceeds the cap. This offer may not be redeemed for cash. Offer is invalid in Massachusetts, California, and where prohibited by law. **Offer is invalid for (i) cash paying patients, (ii) patients without commercial drug insurance, and (iii) patients whose prescription claims for Tobramycin Inhalation Solution 300mg/4mL are eligible to be reimbursed, in whole or in part, by any governmental program, including, without limitation, Medicaid, Medicare, Medicare Part D, Medigap, DOD, VA, TRICARE/CHAMPUS, or any State Patient or Pharmaceutical Assistance Program.** Available only in the US and Puerto Rico for residents of the US and Puerto Rico. By accepting this offer, you agree that if you are required to do so under the terms of your insurance coverage for this prescription or are otherwise required to do so by law, you will notify your insurance carrier of your redemption of this card. Offer is nontransferable and cannot be combined or utilized with any other program, discount, discount card, incentive, or similar offer involving Tobramycin Inhalation Solution 300mg/4mL. It is prohibited for any person to (i) sell, purchase, or trade, (ii) offer to sell, purchase, or trade, or (iii) counterfeit this card. Prasco, LLC may terminate, rescind, revoke, or amend this offer at any time without notice. Program managed by ConnectiveRx on behalf of Prasco, LLC.

**This card is not health insurance.**

Please see [Full Prescribing Information and Patient Information including Instructions for Use.](#)