

DISCHARGE PAPERS

John Doe MRN: 0000001

10/11/2020 Pulmonary Medicine 555-444-6500

Today's Visit

You John Doe FCCP on Thursday October 11, 2020.

What's Next

You currently have no upcoming appointments scheduled.



If you are a MyPortal user, you will receive notification via email to log in to your secure MyPortal account when your test results are available for review. Some tests may take several weeks to process. For more information or to sign up for your complimentary MyPortal account, please visit mountgeneral.org/myportal.

Your Medication List as of 10/11/20 12:19 PM

Please remember to discard old medication lists and carry this most up to date medication list with you when seeing health care providers, going to pharmacies, or in case of emergency. Request to have your medication list updated when there are changes or inaccuracies. Be sure to understand the purpose and side effects of your medications and if you have any questions, reach out to your health care team.

ADDERALL 30 mg tablet
Generic drug: Amphetamine-Dextroamphetamine

Take 30 mg by mouth once daily.

Dapagliflozin 5 mg tablet
Commonly known as: FARXIGA

Take 1 tablet by mouth once daily.

fluticasone 50 mcg/actuation nasal spray Commonly known as: FLONASE ALLERGY RELIEF

Use 1 Spray in each nostril once daily.

insulin glargine U-300 cone 300 unit/ml (1.5 ml) Inpn
Commonly known as: TOUJEO

Inject 10 Units subcutaneously daily at bedtime.

OTC NUTRITIONAL SUPPLEMENT

Take 1 capsule by mouth daily with food.

temazepam 15 mg Cap Commonly known as: RESTORIL

Take 1 capsule by mouth at bedtime as needed.

tolterodine ER 2 mg 24 hr capsule Commonly known as: DETROL LA

Take 1 capsule by mouth once daily.

budesonide 180 mcg inhaler commonly known as: PULMICORT

1 Spray twice daily.

Additional Information

Body mass index (BMI) is calculated from your height and weight. If you are between the ages 18 and 64, a typical BMI goal is approximately 18.5 to 25. Your provider may have a different BMI goal for you. A low BMI might be a sign of a medical problem. If your BMI is outside the normal range, please talk to your provider about how you can try to improve your BMI number.

Using tobacco increases your risk of cancer, emphysema, heart attacks, strokes, and many other serious medical problems. If you use tobacco, please talk to your provider about quitting tobacco.

Thank you for coming to see me today. I appreciate your confidence in choosing Cleveland Clinic for your medical care. If you have any questions about your visit today, please call our office and my staff will forward your message to me. I will get back to you as soon as possible.

SANOFI  **RX SAVINGS PROGRAM**

\$10* CO-PAY
PER PRESCRIPTION OF
Toujeo[®]
insulin glargine injection 300 Units/mL

\$0* CO-PAY
PER PRESCRIPTION OF
LANTUS[®]
insulin glargine injection 100 Units/mL

\$0* CO-PAY
PER PRESCRIPTION OF
APIDRA[®]
insulin glargine (U-100) injection

**SUBJECT TO
MAXIMUM SAVINGS**
*Savings may vary. Open card
for savings and terms of use
information.

ID: 965698421

RxBIN: **610524**
RxPCN: **Loyalty**
RxGRP: **50777058**
ISSUER: **(80840)**

SAVINGS OFFER FOR ELIGIBLE* PATIENTS WITH A VALID PRESCRIPTION FOR:

Toujeo[®]
insulin glargine injection 300 Units/mL

- Maximum of 3 boxes of Toujeo SoloStar[®] per prescription.
- If you are enrolled in a commercial insurance plan: New patients, \$0 co-pay for the first 3 fills. Then, and for all other patients, \$10 co-pay per fill. Maximum savings of up to \$500 per box.
- Not enrolled in a commercial insurance plan: Maximum savings of up to \$200 per box.

LANTUS[®]
insulin glargine injection 100 Units/mL

- Maximum of 3 boxes of Lantus SoloStar[®] or 3 vials of Lantus[®] per prescription.
- If you are enrolled in a commercial insurance plan: Maximum savings of up to \$500 per box of Lantus SoloStar[®] or vial of Lantus[®].
- Not enrolled in a commercial insurance plan: Maximum savings of up to \$100 per box of Lantus SoloStar[®] or vial of Lantus[®].

APIDRA[®]
insulin glargine (U-100) injection

- If you are enrolled in a commercial insurance plan or paying cash: Maximum savings of \$100 off per monthly prescription of Apidra SoloStar[®] or vial of Apidra[®].

*See back of the card. Sanofi US reserves the right to rescind, revoke, or amend any and all offers without notice.

To the Patient: - To activate your Sanofi Rx Savings Card, go to www.lantus.com, www.toujeo.com, www.apidra.com or call 1-866-390-5622.

Once activated, bring this card with you to the pharmacy the next time you go to fill your prescription. If you have any questions regarding your eligibility or savings, call the Sanofi Rx Savings program at 866-390-5622 (8:00 AM-8:00 PM EST, Monday-Friday). When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if your prescriptions are paid in part or full by any state or other federally funded programs, including, but not limited to, Medicare or Medicaid, Medigap, VA or DOD or TriCare, or where prohibited by law; and you will otherwise comply with the terms and conditions above.

To the Pharmacist: Please provide a printed copy of this coupon offer to the Patient along with their prescription today.

When you use this coupon, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription.

- Submit transaction to McKesson Corporation using BIN # 610524
- If primary coverage exists, input coupon information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed for the transaction response. **If primary claim rejects due to formulary controls (i.e. prior authorization, NDC not covered),** submit the claim to McKesson using RxBin 610524 with the Primary Reject Code along with the Other Coverage Code (OCC) of 3.
- Acceptance of this card and your submission of claims for the Sanofi Rx Savings program are subject to the LoyaltyScript[®] program Terms and Conditions posted at www.mckesson.com/mprstnc
- Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including, but not limited to or Medicaid, Medigap, VA or DOD or TriCare, or where prohibited by law.
- **For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript for Sanofi Rx Savings program at 866-390-5622 (8:00 AM-8:00 PM EST, Monday-Friday).**

Offer Terms and Conditions:

Offer is not valid for patients if their prescriptions are paid in part or full by any state or federally funded programs, including, but not limited to, Medicare or Medicaid, Medigap, VA, DOD, or TriCare. Offer is not valid where prohibited by law. Sanofi US reserves the right to rescind, revoke, or amend this offer without notice.

Maximum savings will apply; please see program details for more information.



SAVE ON PULMICORT FLEXHALER* (budesonide inhalation powder, 90 mcg & 180 mcg)

- You may be eligible to receive savings on out-of-pocket costs that exceed \$20 (up to \$50 off) for each refill, up to 12 refills. See below for more details
- Eligible patients include commercially insured and cash-paying patients. See eligibility rules below. Restrictions apply. You pay the first \$20; AstraZeneca pays up to the next \$50

*See eligibility details below. Restrictions apply.



Print and take this offer* to your pharmacy

(Take the entire page)

- Card is ready to use; no activation required
- Offer valid for 30, 60, or 90-day prescriptions

*Subject to eligibility rules below; restrictions apply.

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 and is restricted to residents of the United States and Puerto Rico and patients over 6 years of age. This offer is valid for retail prescriptions only.

TERMS OF USE:

Eligible commercially insured patients with a valid prescription for PULMICORT FLEXHALER® (budesonide inhalation powder) inhaler who present this Savings Card at participating pharmacies will pay \$20 per 30-day supply, subject to a maximum savings of \$50 per 30-day supply. Cash-paying patients will receive up to \$50 in savings on out-of-pocket costs per 30-day supply. This offer is good for 12 uses, and each 30-day supply counts as 1 (one) use. Other restrictions may apply. Patient is responsible for applicable taxes, if any. If you have any questions regarding this offer, please call 1-800-236-9933.

Non-transferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility, and terms of use

at any time without notice. This offer is not conditioned on any past, present, or future purchase, including refills. Offer must be presented along with a valid prescription for PULMICORT FLEXHALER at the time of purchase. If your commercial Insurance plan does not cover PULMICORT FLEXHALER, use of this offer permits your health care provider or pharmacy to share limited information with certain AstraZeneca vendors to determine if additional resources may be available to you; and to act on your behalf to initiate any processes that may be necessary to access these resources.

BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE. Program managed by ConnectiveRx, on behalf of AstraZeneca.

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 8. This will reduce the eligible patient's out-of-pocket costs to as low as \$20 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 \$20 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 \$50 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.

You may report side effects related to AstraZeneca products by clicking [here](#).

If you are without prescription coverage and cannot afford your medication, AstraZeneca may be able to help.

If you would like additional information regarding AstraZeneca products, please contact the Information Center at AstraZeneca in the US at 1-800-236-9933, Monday through Friday, 8 AM to 6 PM ET, excluding holidays, or visit [AstraZeneca-us.com](#)

PULMICORT FLEXHALER is a registered trademark of the AstraZeneca group of companies.

Program managed by ConnectiveRx on behalf of AstraZeneca.

Product dispensed pursuant to program rules and federal and state laws.

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This product information is intended for US consumers only.



FREE TRIAL OFFER* FOR ALL ELIGIBLE PATIENTS

- All Patients of the **Free Trial Offer** will receive one **30-day supply FREE***

*Subject to eligibility rules; restrictions apply

For All Eligible Patients

RECEIVE A 30-DAY SUPPLY OF FARXIGA®
(dapagliflozin) tablets

Powered by:
CHANGE HEALTHCARE
BIN# **600426**
PCN# **54**
GRP# **EC57010087**
ID# **415234085104**


farxiga
(dapagliflozin) ^{5mg} tablets

Limit one voucher per patient for the duration of the program.

For reimbursement, please submit to **CHANGE HEALTHCARE**.

Program managed by ConnectiveRX on behalf of AstraZeneca.

Free Trial Offer for all eligible Commercial, Medicaid, Medicare, or Cash-Paying Patients:

This offer is good for all eligible patients who are 18 years of age or older, are residents of the United States or Puerto Rico, and have a valid FARXIGA prescription written within the last 30 days. These eligible patients can receive a free 30-day supply of FARXIGA. Patient is responsible for applicable taxes, if any. Offer is limited to one per patient and is not transferable. The Free Trial Offer cannot be combined with any other rebate, coupon, free trial, or similar offer. No substitutions permitted. Patients, pharmacists, and prescribers cannot seek reimbursement for the Free Trial Offer from health insurance or any third party, including state- or federally funded programs. Patients may not count the Free Trial Offer as an expense incurred for purposes of determining out-of-pocket costs for any plan, including true out-of-pocket costs (TrOOP), or for purposes of calculating the out-of-pocket threshold for Medicare Part D plans. AstraZeneca reserves the right to rescind, revoke, or amend this offer at any time without notice. This Free Trial Offer voucher may not be sold, purchased, traded, or counterfeited. Reproductions of this voucher are void. This offer is not conditioned on any past, present, or future purchases, including refills. The Free Trial Offer is not insurance. If you have any questions regarding this offer, please call 1-844-631-3978. This offer will expire December 31, 2019.

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

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 **8**. The patient is responsible for \$0. Reimbursement will be received from **Change Healthcare**.

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**. The patient is responsible for \$0. Reimbursement will be received from **Change Healthcare**.

Medicaid, Medicare, or Cash-Paying Patients: This offer may be used by eligible patients who participate in Medicaid, Medicare, or similar federal or state programs, or for patients who are Medicare-eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees, or if you pay cash for your prescriptions. You will receive one 30-day prescription free.

For Medicare Part D, Medicaid, and Cash-Paying Patients: For reimbursement, please submit electronically to **Change Healthcare**. The information printed on the front should be used when submitting for reimbursement. No claim for payment can be made to ANY Third-Party Payer for product dispensed pursuant to this offer. Not valid if reproduced.

Valid Other Coverage Code Required: For any questions regarding **Change Healthcare** online processing, please call the Help Desk at 1-800-433-4893.

You may report side effects related to AstraZeneca products by clicking [here](#).

If you are without prescription coverage and cannot afford your medication, AstraZeneca may be able to help.

If you would like additional information regarding AstraZeneca products, please contact the Information Center at AstraZeneca in the US at 1-800-236-9933, Monday through Friday, 8 am to 8 pm ET, excluding holidays, or visit [AstraZeneca-us.com](#).

