



(fluticasone propionate  
113 mcg and salmeterol  
14 mcg) Inhalation Powder



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113 mcg) Inhalation Powder

## Processing Instructions for the Digihaler<sup>®</sup> Patient Savings Program\*

**Please follow these instructions when processing Digihaler savings information for eligible patients with commercial insurance.**

**ID:** DIGIHALER  
**Group:** ECTEVA0001

**BIN:** 600426  
**PCN:** 54

\*For AirDuo Digihaler and ArmonAir Digihaler only

### **Pharmacist Instructions for a Patient With an Eligible Third-Party Payer:**

**For Insured/Covered Patients**, please submit this 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 and a valid Other Coverage Code (e.g., 08).

**For Insured/Not Covered Patients**, if the primary Third-Party Payer has denied coverage or requires a prior authorization, then submit the claim to **CHANGE HEALTHCARE** using a valid Other Coverage Code (e.g., 03).

**For Self-Paying Patients**, please submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (e.g., 01) is required.

**For questions regarding Digihaler Savings Program processing, please call 1-855-481-3003.**