

Savings Offer Terms and Conditions

Terms and Conditions: Patients are not eligible if prescriptions are paid for in part or full by any state or federally funded programs, including but not limited to Medicare, Medicaid, Medigap, VA, DOD, TRICARE, or by private health benefit programs which reimburse for the entire cost of prescription drugs. This card is not valid for patients who are Medicare eligible and are enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (i.e., patients who are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By redeeming this offer, the patient and the pharmacist acknowledge that the patient is eligible, and the patient and pharmacist understand and agree to comply with the Terms and Conditions of this offer.

Patients with managed care restrictions may not be eligible for this offer after the first prescription fill if such managed care restrictions persist.

Void if copied, transferred, purchased, altered or traded and where prohibited and restricted by law. This is not an insurance program. Valid only in the United States including the Commonwealth of Puerto Rico. This offer may not be used with any other discount, coupon or offer. **This offer expires on December 31, 2019. This program is managed by ConnectiveRx on behalf of Teva Pharmaceuticals USA, Inc. Teva reserves the right to limit, change or discontinue this offer at any time without notice.** If you have any questions regarding your eligibility or benefits, please call 1- 800-671-3674.

To the Patient: This offer is for eligible **Commercially Insured Patients only**. Patients pay as little as \$0 out-of-pocket for AJOVY. Teva will pay the remaining co-payment or cost-sharing obligation per fill. This offer must be presented along with your prescription for AJOVY and your primary insurance card to participate in this program. **Non-Insured/Cash-Paying Patients are not eligible for this offer.**

To the Pharmacist: By redeeming this offer, the Pharmacist certifies that AJOVY is being dispensed to a patient eligible for this offer in compliance with these Terms and Conditions and the Pharmacy has not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. **For Commercially-Insured 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. 8**). Reimbursement will be received from **Change Healthcare**. For questions, please call the Concierge line for AJOVY at **1-800-583-2046** Monday – Friday, 8 am – 8 pm ET.

The following terms and conditions apply only to the electronic coupon available at certain participating pharmacies

Terms and Conditions for electronic coupon Program:

The electronic coupon offer applies to out-of-pocket expenses of more than \$20 for AJOVY. Out-of-pocket copay expenses greater than \$20 will be covered up to a maximum benefit per qualified prescription.

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Terms and Conditions for electronic coupon Program: (continued)

This offer is good only in the United States at participating retail pharmacies and cannot be redeemed at government-subsidized clinics. Electronic coupon offer not extended on prescriptions for patients that are cash-paying customers or use mail-order, or fill their prescriptions at a nonparticipating pharmacy.

The electronic coupon offer is not valid for prescriptions paid for in part or full by any state or federally funded programs, including but not limited to Medicare, Medicaid, Medigap, VA, DOD, TRICARE, or by private health benefit programs which reimburse for the entire cost of prescription drugs. The electronic coupon program is not valid for patients who are Medicare eligible and are enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (i.e., patients who are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). Cash Discount Cards and other non-insurance plans are not valid under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer.

Patients with managed care restrictions may not be eligible for the electronic coupon offer after the first prescription fill if such managed care restrictions persist.

Teva reserves the right to rescind, revoke, or amend the programs at any time without notice.

This is not an insurance program. Void where taxed, restricted, or prohibited by law.

This offer expires on December 31, 2019. Teva reserves the right to limit, change or discontinue this offer at any time without notice.