

Savings Offer Terms, Conditions, and Eligibility Requirements

Terms and Conditions: Patients are not eligible for this offer if they are eligible to have 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 you for the entire cost of your 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 card, the patient (for minors, the patient's parent or guardian) acknowledges that the patient is eligible and understands and agrees to comply with the terms and conditions of this offer.

Void if copied, transferred, purchased, altered or traded and where prohibited and restricted by law. This is not an insurance program. This offer is restricted to residents of the United States and Puerto Rico. This offer may be changed or discontinued at any time without notice. This offer is limited to one per customer and may not be used with any other discount, coupon or offer. **This offer expires on December 31, 2023. This program is managed by ConnectiveRx on behalf of Teva Respiratory, LLC. The parties reserve the right to change or discontinue this offer at any time without notice.** If you have any questions regarding your eligibility or benefits, please call 1-844-807-0061.

To the Patient: This card must be presented to the pharmacist along with your QVAR RediHaler[®] (beclomethasone dipropionate HFA) Inhalation Aerosol prescription to participate in this program.

Commercially Insured Patients: For commercially insured patients with coverage for QVAR RediHaler, you may pay as little as \$15 out-of-pocket on each of your next 25 fills of QVAR RediHaler. Teva will pay the next \$25 of your co-payment or cost-sharing obligation per fill. To the extent a commercially insured patient's cost-sharing obligation on QVAR RediHaler exceeds \$40 per fill, the patient is responsible for the remaining balance. **Maximum reimbursement limits apply and patient out-of-pocket expenses may vary.**

Cash-Paying Patients: For patients who are cash-paying, Teva will pay \$25 on each of your next 25 fills of QVAR RediHaler. Patient out-of-pocket expenses may vary.

To the Pharmacist: By redeeming this offer, the Pharmacist certifies that QVAR RediHaler is being dispensed to a patient eligible for this offer in compliance with these terms and conditions, and the Pharmacist has not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. Void where prohibited by law.

Pharmacy Instructions for Commercially Insured Patients: Submit this claim to **Change Healthcare**. A valid Other Coverage Code (e.g. 8) is required. The patient is responsible for the first \$15 and Teva will pay the next \$25 per fill on each of their next 25 fills of QVAR RediHaler. Payment will be received from **Change Healthcare**.

Pharmacy Instructions for Uninsured Cash-Paying Patients: Submit this claim to **Change Healthcare**. A valid Other Coverage Code (e.g. 1) is required. Teva will pay \$25 per fill on each of their next 25 fills of QVAR RediHaler. Payment will be received from **Change Healthcare**.

Valid Other Coverage Code required. For questions regarding processing, please call the Help Desk at 1-800-422-5604.