

ADH-41044 Patient Savings Program Terms and Conditions

Terms, Conditions and Eligibility Requirements:

- The Patient Savings Program (“Program”) is available to patients who have a valid prescription for AirDuo® Digihaler® (fluticasone propionate and salmeterol) Inhalation Powder, or ArmonAir® Digihaler® (fluticasone propionate) Inhalation Powder (collectively, “Program Product”). No substitutions permitted. Prescriptions for ProAir® Digihaler® (albuterol sulfate) Inhalation Powder are NOT eligible for the Program. The Program does not cover Program Product dispensed or administered under commercial insurance as adjudicated under a medical plan.
- **Patients enrolled in any state or federally funded healthcare program, including but not limited to, Medicare, Medigap, Medicaid, VA, DOD, TRICARE, Puerto Rico Government Health Insurance Plan, and Medicare-eligible patients enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees, are NOT eligible for the Program.**
- Eligible commercially insured patients with coverage for Program Product may pay as little as \$20 per inhaler for their prescription. Eligible commercially insured patients whose insurance does not cover Program Product or self-paying patients may pay as little as \$150 per inhaler for their prescription.
- Annual benefit limits per individual apply and out-of-pocket expenses may vary. Patients are responsible for all amounts that exceed the Program benefit limits. If your insurance coverage changes or if you have any questions regarding your eligibility or benefits, please call 1-855-481-3003.
- Teva has the right to reduce or eliminate patient benefit amounts, based on factors determined solely by Teva, including depending on the terms of a patient’s prescription drug plan and to ensure all program funds are used for the benefit of the patient.
- Data related to a patient’s receipt of Program benefits may be collected, analyzed, and shared with Teva Respiratory, LLC and its affiliates (“Teva”), for market research and other purposes (including with the patient’s treating physician towards helping to verify or coordinate insurance coverage or otherwise obtain payment for the patient’s treatment with Program Product) related to assessing the Program. Data shared with Teva will be aggregated and de-identified, meaning it will not identify patients.
- The Program is restricted to residents of the United States and United States territories. Patients residing in or receiving treatment in certain states may not be eligible. Offer not valid for patients under 4 years of age.
- The Program is intended for the benefit of patients, not their insurance plans or other third parties. Patients whose commercial insurance plans do not apply Program payments to satisfy patient out-of-pocket cost sharing amounts may not be eligible for the Program. Similarly, patients whose commercial insurance plans require use of the Program as a condition of the plan waiving some or all of otherwise applicable patient out-of-pocket cost sharing amounts may not be eligible for the Program or have a reduced annual maximum program benefit. If you believe your commercial insurance plan may have such limitations, please call 1-855-481-3003.
- The Program is not health insurance. Patients may not seek reimbursement for the value received from the Program from any third-party payers, including a flexible spending account or healthcare

savings account. Participating in the Program means that you are ensuring you comply with any required disclosure regarding your participation in the Program of your insurance carrier or pharmacy benefit manager.

- The Program is void if copied, transferred, purchased, altered or traded, and where prohibited and restricted by law. The Program is not transferable. No substitutions are permitted. The Program may not be sold, purchased, traded, or counterfeited. Void if reproduced. The Program benefit cannot be combined with any other financial assistance program, free trial, discount, prescription savings card, or other offer. Teva Respiratory, LLC and its affiliates reserves the right to make eligibility determinations, to set Program benefit maximums, to monitor participation, and to change, rescind, revoke, or discontinue this Program at any time without notice. If you have any questions regarding this Program, your eligibility or benefits or if you wish to discontinue your participation, call 1-855-481-3003. **Expiration Date: 12/31/2023.**

To the Pharmacist:

When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the Terms and Conditions described above.

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.

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*Abbreviated Terms and Conditions for the Patient Savings Program:

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