



(albuterol sulfate 117 mcg)  
Inhalation Powder

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## Savings Program Terms and Conditions

### Terms, Conditions and Eligibility Requirements:

Eligible Patients must have a valid prescription for ProAir® Digihaler™ (albuterol sulfate) Inhalation Powder. No substitutions permitted. Eligible Patients must have commercial prescription insurance. Uninsured and cash-paying patients are NOT eligible for this Program. 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, or Medicare-eligible patients enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees, are NOT eligible for this Program. This Program is restricted to residents of the United States and United States territories.

Eligible Patients may pay as little as \$20 for each ProAir® Digihaler™. Maximum annual benefits apply and out-of-pocket expenses may vary. Patient is responsible for costs above maximum benefit amounts. Data related to an Eligible Patient's receipt of Program benefits may be collected, analyzed, and shared with Teva Pharmaceutical Industries, USA, Inc., for market research and other purposes related to assessing the Program. Data shared with Teva will be aggregated and deidentified, meaning it will not identify Eligible Patients.

This Program is not insurance. 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 form 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. This program is managed by TrialCard Incorporated on behalf of Teva Pharmaceuticals USA, Inc. Teva Pharmaceuticals USA, Inc. 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. Limit one Program enrollment per individual. If you have any questions regarding this Program, your eligibility or benefits or if you wish to discontinue your participation, call the ProAir® Digihaler™ Copay Program at 1-866-955-9463. These Terms and Conditions are valid for ProAir® Digihaler™ dispensed between 4/20/2020 and 12/31/2020. **Expiration Date:** 12/31/2020.

**To the Patient:** By redeeming this Program, you acknowledge that you are an Eligible Patient and you understand and agree to comply with the terms and conditions of this Program. This Program is for eligible **Commercially Insured Patients only**. Patients may pay as little as \$20 out-of-pocket for each ProAir® Digihaler™. Maximum annual benefits apply and out-of-pocket expenses may vary. This Program must be presented along with your prescription for ProAir® Digihaler™ and your primary insurance card to participate in this program. Non-Insured/Cash-Paying Patients are not eligible for this Program. If you have any questions regarding this Program, your eligibility or benefits or if you wish to discontinue your participation, call the ProAir® Digihaler™ Copay Program at 1-866-955-9463.

**To the Pharmacist:** When you apply this Program, you are certifying that ProAir® Digihaler™ is being dispensed to an Eligible Patient 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 PDMI as a Secondary Payer COB (coordination of benefits) with patient responsibility and a valid Other Coverage Code (e.g., 08). If the primary Third-Party Payer has denied coverage or requires a prior authorization, then submit the claim to PDMI using a valid Other Coverage Code (e.g., 03). If the primary Third-Party Payer has denied the primary claim due to a Prior Authorization (PA) requirement, please initiate the PA process to help your patient continue to save on ProAir® Digihaler™ prescriptions. Reimbursement will be received from PDMI. For questions, please call the Help Desk at 1-866-955-9463, 24 hours per day, 7 days per week except for major holidays.

