

Terms and Conditions:

- Subject to program limitations and terms and conditions, the COPAXONE[®] 20 mg/mL or COPAXONE[®] 40 mg/mL Co-Pay Card is available to patients who have a valid COPAXONE[®] 20 mg/mL or COPAXONE[®] 40 mg/mL prescription and who have commercial insurance coverage for COPAXONE[®]. No substitutions permitted. Patients with commercial insurance coverage that does not provide formulary coverage for COPAXONE[®] 20 mg/mL or COPAXONE[®] 40 mg/mL are NOT eligible for the Copay Card. The Copay Card does not cover COPAXONE[®] 20 mg/mL or COPAXONE[®] 40 mg/mL 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 Copay Card.**
 - Uninsured and cash-paying patients are NOT eligible for the Copay Card.
 - Eligible Patients may pay as little as \$0 on each fill. Annual benefit limits per individual apply and out of pocket expenses may vary. If the prior authorization is approved by the commercial insurer, then the patient remains eligible for the Copay Card. If the prior authorization is denied by the commercial insurer, then the patient is no longer eligible for the Copay Card and may not receive any additional Copay Card benefits. If you have any questions regarding your eligibility or benefits, please call 1-866-741-2144.
 - Data related to a patient's receipt of Copay Card benefits may be collected, analyzed, and shared with Teva Pharmaceuticals USA, Inc. 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 COPAXONE[®] 20 mg/mL or COPAXONE[®] 40 mg/mL) related to assessing the Copay Card. Data shared with Teva will be aggregated and de-identified, meaning it will not identify patients.
 - The Copay Card 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. This offer is not valid in Massachusetts and California.
 - The Copay Card is intended for the benefit of patients, not their insurance plans or other third parties. Patients whose commercial insurance plans do not apply Co-Pay Card payments to satisfy patient out-of-pocket cost sharing amounts may not be eligible for the Co-Pay Card. Similarly, patients whose commercial insurance plans require use of the Copay Card 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 Co-Pay Card or have a reduced annual maximum program benefit. If you believe your commercial insurance plan may have such limitations, please call 1-866-741-2144.
 - **The Copay Card is not health insurance.** Patients may not seek reimbursement for the value received from the Copay Card from any third-party payers, including a flexible spending account or health-care savings account. Participating in this program means that you are ensuring you comply with any required disclosure regarding your participation in the Copay Card Program of your insurance carrier or pharmacy benefit manager.
 - The Copay Card is void if copied, transferred, purchased, altered or traded, and where prohibited and restricted by law. The Copay Card is not transferable. No substitutions are permitted. The Copay Card may not be sold, purchased, traded, or counterfeited. Void if reproduced. The Copay Card benefit cannot be combined with any other financial assistance program, free trial, discount, prescription savings card, or other offer. 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 Copay Card at any time without notice. **If you have any questions regarding this Copay Card, your eligibility or benefits or if you wish to discontinue your participation, call 1-866-741-2144.** These Terms and Conditions are valid for COPAXONE[®] 20 mg/mL or COPAXONE[®] 40 mg/mL dispensed between 1/1/2023 and 12/31/2023. Expiration Date: 12/31/2023.
- ### To the Pharmacist:
- By redeeming this Copay Card, you are certifying that you understand and agree to comply with the Terms and Conditions above.
 - When you apply this offer, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription.
 - Submit claim to **CHANGE HEALTHCARE**. If primary coverage exists, input offer information as secondary coverage and transmit using the COB segment of the NCPDP transaction. For questions, please call the Change Healthcare Help Desk at 1-800-433-4893.
- ### To the Patient:
- By redeeming this Copay Card, you are certifying that you understand and agree to comply with the Terms and Conditions above.