

ProAir[®] RespiClick

(albuterol sulfate) Inhalation Powder

Terms, Conditions and Eligibility Requirements:

To the Patient: You must present this card and your primary insurance card to the pharmacist along with your ProAir RespiClick[®] (albuterol sulfate) Inhalation Powder prescription to participate in this program.

Insured Patients: For commercially insured patients, you may pay a copay as low as \$25 out-of-pocket per fill for up to three (3) ProAir RespiClick[®] prescriptions. Teva will pay up to \$50 of your co-payment or other cost-sharing obligation per fill. Maximum reimbursement limits apply and patient out-of-pocket expenses may vary.

Insured/Not Covered Patients: For commercially insured patients whose insurance does not cover ProAir RespiClick[®], you will pay the first \$25 for your ProAir RespiClick[®] prescription. Teva will pay the remaining balance up to \$50.

Non-Insured/Cash Pay: For patients who are uninsured and cash-paying, Teva will pay up to \$50 per fill for up to three (3) ProAir RespiClick[®] prescriptions. Patient out-of-pocket expenses will vary. You are not eligible if your prescriptions are paid for in part or full by any state or federally funded programs, including but not limited to Medicare or 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). By redeeming this card, you acknowledge that you are an eligible patient and you understand and agree to comply with the terms and conditions of this offer.

Void if copied, transferred, purchased, altered or traded and where prohibited, taxed, 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, 2018.** If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, please call the ProAir RespiClick[®] Savings Program at 1-844-556-3468.

To the Pharmacist: When you use this card, you are certifying that you are dispensing ProAir RespiClick[®] to an eligible patient in accordance with the terms and conditions of this offer and have 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 Insured Patients: Submit this claim to **Change Healthcare**. A valid Other Cover Code (**e.g. 8**) is required. The patient is responsible for the first \$25 and the card pays up to the next \$50. Reimbursement will be received from **Change Healthcare**.

Pharmacy Instructions for Insured/Not Covered Patients: If the patient has commercial insurance but you receive a "not covered" response because ProAir RespiClick[®] is not on the patient's formulary or is subject to prior authorization or step therapy and the patient has not met the criteria, continue the claim adjudication process and run the claim as secondary payer COB with the patient responsibility amount and a valid Other Coverage Code (**OCC-03**). Submit this claim to **Change Healthcare**. The patient is responsible for the first \$25 and the card pays up to the next \$50. Reimbursement will be received from **Change Healthcare**.

Pharmacist Instructions for Cash-Paying Patients: Submit this claim to **Change Healthcare**. A valid Other Coverage Code (**e.g. 1**) is required. The card pays up to the next \$50. Reimbursement will be received from **Change Healthcare**. Valid Other Coverage Code required. For any questions regarding **Change Healthcare** online processing, please call the Help Desk at 1-800-422-5604.