

Copay Program Terms and Conditions for Teva's Emtricitabine and Tenofovir Disoproxil Fumarate Tablets

Terms and Conditions: Patients are not eligible if prescriptions are 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 for the entire cost of 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 who 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 offer, the patient and the pharmacist attest that the patient is eligible, and the patient and the pharmacist understand and agree 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 may not be used with any other discount, coupon, or offer. **This offer expires on 3/29/2021. This program is managed by ConnectiveRx on behalf of Teva Pharmaceuticals USA, Inc. Teva reserves the right to limit, change, or discontinue this offer at any time without notice.** If you have any questions regarding your eligibility or benefits, please call 833-330-0807.

Valid only for Teva's Emtricitabine and Tenofovir Disoproxil Fumarate Tablets, 200 mg/300 mg, National Drug Code #00093-7607-56

To the Patient: This offer is for eligible **Commercially Insured Patients only**. Patients pay as little as \$0 out-of-pocket for Teva's Emtricitabine and Tenofovir Disoproxil Fumarate Tablets, with a maximum benefit of \$600 per 28-day supply. Maximum annual benefits apply and out of pocket expenses may vary. Patient is responsible for costs above maximum benefit amounts. This offer must be presented along with your prescription for Emtricitabine and Tenofovir Disoproxil Fumarate Tablets and your primary insurance card to participate in this program. **Offer not valid for Non-Insured/Cash-Paying patients or where Emtricitabine and Tenofovir Disoproxil Fumarate Tablets is not covered by the primary insurance.**

To the Pharmacist: By redeeming this offer, the Pharmacist certifies that Teva's Emtricitabine and Tenofovir Disoproxil Fumarate Tablets is being dispensed to a patient eligible for this offer in compliance with these Terms and Conditions and that 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 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. 8). Reimbursement will be received from CHANGE HEALTHCARE. For questions about processing, please call 800-433-4893.