

AJOVY[®]
(fremanezumab-vfrm)
injection 225 mg/1.5 mL

IMPORTANT: PLEASE PRINT THIS PAGE FOR PATIENTS TO TAKE TO PHARMACY TO ENSURE THIS SAVINGS OFFER* IS APPLIED TO THE PATIENTS' ELECTRONIC PRESCRIPTIONS.

PATIENTS MAY PAY AS LITTLE AS

\$5 FOR
AJOVY*

BIN#: 004682

PCN#: CN

GROUP#: EC74016015

ID#: 39349663267

EXPIRES: 12/31/2020

Commercially insured patients may pay as little as \$5 for AJOVY

*Out-of-pocket costs may vary based on insurance coverage. Limitations apply. Please note, this offer is not available for patients eligible for Medicare, Medicaid, or any other government insurance coverage.

Savings Offer Terms and Conditions

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 offer 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 (e.g., patients who are eligible for Medicare Part D but 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 acknowledge that the patient is eligible, and the patient and pharmacist understand and agree to comply with the Terms and Conditions of this offer.

Only patients whose insurance plans cover AJOVY[®] (fremanezumab-vfrm) injection are eligible for this program. Patients with managed care restrictions (e.g., prior authorization, step edit) may not be eligible for this offer if such managed care restrictions persist. Continued eligibility may require that the patient has a prior authorization form submitted.

Void if copied, transferred, purchased, altered or traded and where prohibited and restricted by law. This is not an insurance program. Valid only in the United States including the Commonwealth of Puerto Rico. This offer may not be used with any other financial assistance program, free trial, discount, prescriptions savings card, or other offer. **This offer expires on December 31, 2020. This program is managed by ConnectiveRx on behalf of Teva Pharmaceuticals USA, Inc. Teva Pharmaceuticals, Inc., reserves the right to make eligibility determinations, to set offer benefit maximums, to monitor participation, and to change, rescind, revoke, or discontinue this offer at any time without notice. Limit one offer enrollment per individual.** If you have any questions regarding your eligibility or benefits, please call 1-800-671-3674.

To the Patient: This offer is for eligible **Commercially Insured Patients only**. Patient may pay as little as \$5 out-of-pocket for AJOVY. Maximum annual limit of \$3500 applies. This offer must be presented along with your prescription for AJOVY and your primary insurance card to participate in this program. **Non-Insured/Cash-Paying Patients are not eligible for this offer.** Data related to an Eligible Patient's receipt of offer benefits may be collected, analyzed, and shared with Teva Pharmaceutical Industries, USA, Inc., 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 AJOVY) related to assessing the Program. Data shared with Teva will be aggregated and de-identified, meaning it will not identify Eligible Patients.

To the Pharmacist: By redeeming this offer, the Pharmacist certifies that AJOVY is being dispensed to a patient eligible for this offer 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 **Change Healthcare** as a Secondary Payer COB (coordination of benefits) with patient responsibility and a valid Other Coverage Code (e.g., 08). Reimbursement will be received from **Change Healthcare**. For questions, please call the Concierge line for AJOVY at **1-800-583-2046** Monday-Friday, 8 AM-6 PM ET.