

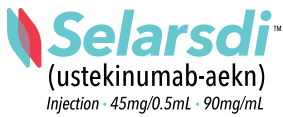
#### TERMS & CONDITIONS:

- Subject to SELARSDI™ Savings Program limitations, terms, and conditions, the SELARSDI Copay Card is available to patients who have a valid SELARSDI prescription and who have commercial insurance coverage for SELARSDI administered through a pharmacy or medical benefit plan. No substitutions permitted. Patients with commercial health insurance that does not provide formulary coverage for SELARSDI are NOT eligible for the Copay Card.
- **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. Patients are responsible for all amounts that exceed these Copay Card benefit limits. 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 benefits. If your insurance coverage changes or if you have any questions regarding your eligibility or benefits, please call 1-844-211-7047.
- Teva Pharmaceuticals, Inc. and its affiliates (“Teva”) has the right to reduce or eliminate patient benefit amounts, based on factors determined solely by Teva, including the terms of a patient’s prescription drug plan and whether the plan uses all program funds for the benefit of the patient.
- Data related to a patient’s receipt of Copay Card benefits may be collected, analyzed, and shared with Teva for market research and other purposes (including with the patient’s treating physician for helping verify or coordinate insurance coverage or otherwise obtain payment for the patient’s treatment with SELARSDI) related to assessing the Copay Card program. 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.
- 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 Copay Card payments to satisfy patient out-of-pocket cost sharing amounts may not be eligible for the Copay 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 Copay Card or have a reduced annual maximum program benefit. If you believe your commercial insurance plan may have such limitations, please call 1-844-211-7047.
- 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 healthcare 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 program at any time without notice. **If you have any questions regarding this Copay Card program, your eligibility or benefits, or if you wish to discontinue your participation, call 1-844-211-7047.** These Terms and Conditions are valid for SELARSDI dispensed between 02/01/2025 and 12/31/2025. **Expiration Date:** 12/31/2025.

#### Medical Claims:

- Eligible patients must have an out-of-pocket cost for SELARSDI and be administered the product prior to the expiration date of the Program. The benefit available under the Program is valid for the eligible patient’s out-of-pocket cost for the product only. It is not valid for any other out-of-pocket costs (for example, office visit charges or medication administration charges, evaluations, or diagnostic testing) even if such costs are associated with the administration of SELARSDI.
- A provider or patient is required to submit a copy of the Explanation of Benefits (EOB) from their commercial insurance plan detailing

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the patient's out-of-pocket costs for SELARSDI, and a copy of the insurance claim form (CMS-1500, UB04, or electronic equivalent) to receive reimbursement from the Copay Assistance Program. All claims must be submitted within 180 days of the EOB date.

- The Program may apply to eligible out-of-pocket costs incurred by the patient for SELARSDI up to 180 days prior to the date an eligible patient is enrolled in the Program, subject to annual Program maximum and the applicable Terms and Conditions based on SELARSDI administration date. Patient or provider may contact the SELARSDI Savings Program at 1-844-211-7047 for more information.

**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 PDMI. 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 PDMI Help Desk at 1-800-800-7364
- Please see [full Prescribing Information and Medication Guide for SELARSDI](#).

**To the Patient:**

- By redeeming this Copay Card, you are certifying that you understand and agree to comply with the Terms and Conditions above.
- Please see [full Prescribing Information and Medication Guide for SELARSDI](#).

**To the Prescriber:**

- 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.
- All claim submissions must include a copy of the Explanation of Benefits and a copy of the insurance claim form (CMS-1500, UB04, or electronic equivalent).
- Claims may be submitted by one of the below methods:

Electronic submission to PAYOR ID PSN22

Fax: 1-877-491-0076

Email: [SELARSDIclaims@paysign.com](mailto:SELARSDIclaims@paysign.com)

Mail to: SELARSDI Savings Program  
PO BOX 530492  
Henderson, NV 89053

- For patients enrolled into the SELARSDI Savings Program by the HCP, please call 1-844-211-7047 for assistance.
- For patients enrolled into the SELARSDI Savings Program via Teva Shared Solutions and have claim related questions, please call 1-844-211-7047 for assistance.
- Please see [full Prescribing Information and Medication Guide for SELARSDI](#).