



## Patient Savings Program Terms and Conditions

**Terms, Conditions and Eligibility Requirements:** Eligible patients must have a valid prescription for UZEDY® (risperidone) extended-release injectable suspension. No substitutions permitted. Eligible patients must have commercial prescription insurance administered through a pharmacy or medical benefit plan. Uninsured and cash-paying patients are NOT eligible for this program. 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, Medicare-eligible patients enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees, are NOT eligible for this program. Cash Discount Cards and other noninsurance plans are NOT valid as primary under this program. This program 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.

Eligible patients may pay as little as \$0 for once-monthly or once-every-2-month dosing options of UZEDY. Maximum program assistance per prescription and annual benefit limits per individual apply and out-of-pocket expenses may vary. Patients are responsible for costs above maximum benefit amounts. Patients with managed care requirements (e.g., prior authorization, step edit) must satisfy those requirements before they can become eligible for this program. Data related to an eligible patient's receipt of program benefits may be collected, analyzed, and shared with Teva Neuroscience, 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 UZEDY related to assessing the program). Data shared with Teva will be aggregated and de-identified, meaning it will not identify eligible patients.

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.

**Additional Limitations.** The Copay Card is intended for the benefit of patients, not their insurance plans, pharmacy benefit managers, or other third parties ("Plan Administrators"). Patients whose commercial insurance plans or plan sponsors implement the following types of programs may not be eligible for the Copay Card, or have a reduced annual maximum Copay Card benefit:

- Programs that do not apply Copay Card payments to satisfy patient out-of-pocket cost sharing amounts (e.g., accumulator programs); or
- Programs that require the patient's 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 (e.g., maximizer programs).

If you believe your commercial insurance plan may have such programs in place, please call 1-800-887-8100.

Plan Administrators are prohibited from applying for, or assisting with, the enrollment of patients for Copay Card benefits. The patient or his/her legal representative, must personally enroll in the Copay Card in order to be eligible for benefits.

This program is not health insurance. Void if copied, transferred, purchased, altered, or traded and where prohibited and restricted by law. The program is not transferable. No substitutions are permitted. The program form may not be sold, purchased, traded, or counterfeited. Void if reproduced. The program benefit cannot be combined with any other financial assistance program, free trial, discount, prescription savings card, or other offers. This program is managed by ConnectiveRx on behalf of Teva and Teva reserves the right to make eligibility determinations, to set program benefit maximums, to monitor participation, and to change, rescind, revoke, or discontinue this program at any time without notice. If you have any questions regarding this program, your eligibility or benefits or if you wish to discontinue your participation, please call 1-800-887-8100, Monday-Friday, 9 AM-8 PM ET. These terms and conditions are valid for UZEDY dispensed between 4/28/2023 and 12/31/2024. Expiration Date: 12/31/2024

**To the Patient:** By participating in this program, you acknowledge that you are an eligible patient and you understand and agree to comply with the terms and conditions of this program.

This program is for eligible **Commercially Insured Patients** only. Patients may pay as little as \$0 for once-monthly or once-every-2-month dosing options of UZEDY. Maximum program assistance per prescription and annual benefit limits per individual apply and out-of-pocket expenses may vary. This savings offer must be presented along with your prescription for UZEDY and your primary insurance card to participate in this program. Non-Insured/Cash-Paying patients are NOT eligible for this program.

**To the Pharmacist:** When you apply this program, you are certifying that UZEDY is being dispensed to an eligible patient 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). If the primary Third-Party Payer has denied coverage, then submit the claim to Change Healthcare using a valid Other Coverage Code (e.g., 03). If the primary Third-Party Payer has denied the primary claim due to a Prior Authorization (PA) requirement, please initiate the PA process to help your patient save on prescriptions for UZEDY. Reimbursement will be received from Change Healthcare. For questions, please call the cost support program at 1-800-433-4893, Monday-Friday, 8 AM-8 PM ET.

Please see full [Prescribing Information](#) for UZEDY, including **Boxed WARNING**.



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