



**NOTICE TO 340B COVERED ENTITIES REGARDING TEVA'S PARTICIPATION IN HRSA'S 340B
REBATE MODEL PILOT PROGRAM FOR AUSTEDO® AND AUSTEDO XR®**

October 1, 2026

Effective January 1, 2027, Teva Pharmaceuticals USA, Inc. ("Teva") will participate in the Health Resources and Services Administration ("HRSA") 340B Rebate Model Pilot Program pursuant to a rebate model plan approved by the agency.

This notice provides information regarding how 340B Covered Entities may participate in Teva's rebate model for AUSTEDO and AUSTEDO XR, including registration requirements, submission of rebate requests, payment timelines, and support resources.

Teva is committed to providing Covered Entities with the resources and support needed to participate in this pilot and receive timely rebate payments. Teva looks forward to working collaboratively throughout implementation of the rebate model and addressing questions that may arise during the transition.

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Overview of Teva's 340B Rebate Model

Beginning January 1, 2027, Teva will implement a rebate-based approach to provide access to 340B pricing on AUSTEDO and AUSTEDO XR products.

Under this model, Covered Entities will continue to purchase eligible products through existing distribution channels and established 340B purchasing accounts. Rather than receiving the 340B ceiling price at the time of purchase, participating Covered Entities will purchase eligible products at Wholesale Acquisition Cost ("WAC") and subsequently receive a rebate to provide the benefit of the applicable 340B ceiling price for validated dispenses.

The rebate model will apply uniformly to all HRSA-recognized 340B Covered Entity types, allowing Teva to verify eligible dispenses and support compliance with applicable federal requirements, including effectuation of AUSTEDO and AUSTEDO XR's Maximum Fair Price ("MFP").

To facilitate administration of the rebate model, Teva has engaged Second Sight Solutions, LLC, which operates the Beacon platform. Beacon serves as the secure technology platform through



which Covered Entities may register, submit rebate requests, monitor claim status, view payment information, and access reporting related to their participation in the rebate model. Access to Beacon will be provided at no charge to Covered Entities.

Under the rebate model, Covered Entities will generally follow four steps:

1. Purchase eligible AUSTEDO or AUSTEDO XR product at WAC through customary purchasing channels;
2. Dispense or administer the product to an eligible patient;
3. Submit the required rebate request information through Beacon within the applicable submission timeframe; and
4. Receive payment of an approved rebate by electronic funds transfer.

For approved rebate requests, Teva will provide a rebate equal to the difference between the WAC paid for the product and the applicable 340B ceiling price in effect on the date of dispense.

Covered Entities that wish to access 340B pricing for AUSTEDO or AUSTEDO XR must participate in the rebate model and comply with the requirements in this Notice. Covered Entities that do not participate in the rebate model will not have access to 340B pricing on AUSTEDO and AUSTEDO XR.

Registering with Beacon

To participate in the rebate model, Covered Entities must register with Beacon at <https://cm.beaconchannelmanagement.com>. Registration and use of Beacon is free of charge. New users will need to complete the following:

- Know Your Business (KYB) verification;
- Submission of required organizational documentation;
- Designation of authorized users; and
- Verification of ACH payment information, including a standard micro-deposit verification process.

Covered Entities that have previously registered on Beacon will confirm documentation to ensure no information has changed. Once accounts are created or verified, additional users may be given access by the initial registrant.



Claim Submission Requirements and Validations

Following the dispense of an eligible AUSTEDO or AUSTEDO XR product, participating Covered Entities may submit rebate requests through Beacon either directly or through an authorized third-party administrator. Rebate requests must be submitted within 45 calendar days of dispense and include the required claim-level information necessary for rebate processing and duplicate discount prevention. A complete list of required data elements for pharmacy and medical claims is provided in Appendix A. Covered Entities experiencing extenuating circumstances may request an exception through Beacon Customer Support, which will be evaluated on a case-by-case basis.

Upon receipt, Beacon will review submissions for product eligibility, timely filing, and completeness of required data elements. Claims meeting the applicable requirements will proceed to rebate calculation and payment. A claim submission will be rejected if it does not contain complete and valid required data elements. In such cases, the Covered Entity may correct the submission and resubmit the claim for review.

Teva will pay approved rebates, or provide a denial with supporting information, within 10 calendar days of receiving a complete submission, excluding federal holidays. If a claim submission is incomplete and additional information is required, the review period will begin upon receipt of the completed submission. Covered Entities will have visibility through Beacon into claim status, rebate payments, denials, and reconciliation information.

Covered Entity Support

Teva is committed to administering the rebate model in a transparent and consistent manner and will work collaboratively with Beacon to facilitate prompt review and resolution of Covered Entity inquiries. Beacon's Support Center offers a variety of educational and operational resources, including webinars, recorded platform demonstrations, and FAQs. Covered Entities should work directly with Beacon Customer Support to address questions regarding claim submissions, claim validations, payment status, denied rebate requests, or use of the Beacon platform.

Beacon Customer Support may be reached at support@beaconchannelmanagement.com or 1-878-788-8907. Questions that cannot be resolved through Beacon may be escalated to Teva340B@tevapharm.com. To facilitate timely review, Covered Entities should use the email template provided in Appendix B when contacting Teva.



Transition Fill Accommodation

To support implementation of the rebate model, Teva will allow a one-time accommodation for eligible unreplenished inventory of AUSTEDO and AUSTEDO XR for Covered Entities that use virtual inventory replenishment models.

Covered Entities may request rebates for up to two unreplenished accumulated packages dispensed during the 15-calendar-day period immediately preceding January 1, 2027, provided the rebate request is submitted within 45 days of dispense and otherwise satisfies the requirements of this policy.

Interaction of 340B Rebates and MFP Refunds

Teva will use claim information submitted through the rebate model to identify situations where a claim may be associated with both a 340B rebate and an MFP refund on the same unit of product. Where overlap is identified, Teva will pay the 340B rebate and adjust the applicable MFP refund through the Medicare Transaction Facilitator process to prevent duplicate price concessions and ensure that the transaction reflects the lower applicable price.

Data Privacy and Security

Beacon is designed to collect only those data elements necessary to administer approved 340B rebate arrangements. Data submitted through Beacon will not be collected, aggregated, shared, licensed or otherwise used for purposes unrelated to the 340B rebate model.

Beacon maintains security safeguards designed to protect submitted information and limit access to authorized users.

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FREQUENTLY ASKED QUESTIONS

Program Overview

Q1. Why is Teva implementing a 340B Rebate Model Program?

A1. Teva is implementing a 340B rebate model to support administration of the 340B Program for AUSTEDO and AUSTEDO XR while helping address operational considerations associated with the Medicare Drug Price Negotiation Program. Under the model, Covered



Entities will continue to have access to 340B pricing through a post-purchase rebate process.

Q2. When will Teva's 340B Rebate Model Program begin?

A2. The rebate program will begin on January 1, 2027. Starting on that date, Covered Entities seeking 340B pricing for eligible AUSTEDO and AUSTEDO XR purchases will obtain that pricing through the rebate process described in the Notice.

Q3. Which Teva products are included in the rebate model?

A3. 340B rebates apply only to the following AUSTEDO and AUSTEDO XR NDCs for 2027. No other Teva products are included in the rebate model at this time.

Teva will communicate via the Beacon platform any future changes to product scope in accordance with applicable pilot program requirements.

IPAY Year	Drug Name	NDC-11
2027	AUSTEDO	68546-0170-60
2027	AUSTEDO	68546-0171-60
2027	AUSTEDO	68546-0172-60
2027	AUSTEDO XR	68546-0470-56
2027	AUSTEDO XR	68546-0471-56
2027	AUSTEDO XR	68546-0472-56
2027	AUSTEDO XR	68546-0473-56
2027	AUSTEDO XR	68546-0474-56
2027	AUSTEDO XR	68546-0475-56
2027	AUSTEDO XR	68546-0476-56
2027	AUSTEDO XR	68546-0477-29
2027	AUSTEDO XR	68546-0479-56
2027	AUSTEDO XR	68546-0490-52

Q4. Will Teva's existing contract pharmacy policy remain in effect for 340B rebate model purchases?

A4. Yes. The rebate model program does not change Teva's existing contract pharmacy policy. Covered Entities should continue to follow all applicable requirements governing contract pharmacy arrangements when purchasing, dispensing, and submitting claims for eligible products under the rebate model.



Q5. How should my Covered Entity purchase AUSTEDO and AUSTEDO XR products to receive a 340B rebate?

A5. Covered Entities should continue to purchase eligible AUSTEDO® and AUSTEDO XR® products through Teva's existing distribution channels. Beginning January 1, 2027, Covered Entities' existing 340B wholesaler accounts will be loaded with WAC pricing. 340B pricing for all NDCs of AUSTEDO and AUSTEDO XR will be available via Beacon.

Q6. Will my Covered Entity still be able to purchase AUSTEDO and AUSTEDO XR at an upfront discount instead of receiving a rebate?

A6. No. Participation in the rebate model is voluntary; however, upfront 340B pricing will no longer be available for products included in the rebate model.

Registration and Getting Started

Q7. How does a Covered Entity enroll in Teva's 340B rebate model through Beacon?

A7. Covered Entities may register with Beacon by navigating to <http://cm.beaconchannelmanagement.com/> and completing the enrollment process. To comply with federal law and financial institution requirements, Second Sight requires that new users complete a Know Your Business (KYB) verification process which includes the submission of certain legal documents such as Articles of Incorporation and IRS letter CP 575. Once a new account has been verified, additional users may be given access to the Beacon account by the initial registrant.

Q8. If my Covered Entity already uses 340B ESP or another Second Sight platform, do we still need to register with Beacon?

A8. Yes. Participation in other Second Sight platforms, including 340B ESP, does not automatically enroll a Covered Entity in Beacon. Covered Entities must complete the Beacon registration process to participate in Teva's rebate model program and submit rebate claims.

Covered Entities should follow the registration instructions provided for Beacon even if they have previously registered for other Second Sight services.



Q9. May a third-party administrator (TPA) submit rebate claims on behalf of my Covered Entity?

A9. Yes. A Covered Entity may authorize a TPA to submit rebate claim data on its behalf through Beacon.

Q10. What if I encounter an issue with my registration or need assistance with a claim submission?

A10. If you encounter an issue with Beacon registration, claim submission, claim validation, payment status, denied rebate requests, or other operational aspects of the rebate model, you should contact Beacon Customer Support at support@beaconchannelmanagement.com or 1-878-788-8907. Questions that cannot be resolved through routine Beacon support channels may be escalated to Teva at Teva340B@tevapharm.com. When contacting Teva, Covered Entities are encouraged to use the email template provided in Appendix B.

Submitting Rebate Claims via Beacon

Q11. What information must a Covered Entity submit through Beacon to request a rebate?

A11. Covered Entities requesting a rebate through Beacon must provide the claim-level information necessary to validate eligibility and process the rebate request. The required information differs for pharmacy and medical claims and is described in the tables below. Descriptions of each field can be found in Appendix A.

Pharmacy Claims Data Fields	Medical Claims Data Fields
Date of Service	Date of Service
Date Prescribed	Claim Line Number
Rx Number	Claim Number
Fill Number	Unit of Measure
NDC-11	NDC-11
Quantity Dispensed	Quantity
Prescriber ID	Rendering Physician ID
Service Provider ID	Service Provider ID
340B ID	340B ID
Rx BIN	Health Plan Name
Rx PCN	Health Plan ID
	Health Plan ID Qualifier (if available)



Q12. How frequently should a Covered Entity submit rebate claim data?

A12. Covered Entities may submit rebate claim data on a rolling basis through Beacon and must submit claims within 45 calendar days of dispense. Teva will pay approved rebates, or provide a denial with supporting information, within 10 calendar days of receiving a complete submission, excluding federal holidays.

To facilitate timely rebate payments and minimize the risk of missed filing deadlines, Covered Entities are encouraged to submit eligible claims regularly and as soon as practicable following dispense.

Q13. What happens if rebate claim data is submitted after the applicable submission deadline?

A13. Claims submitted after the applicable submission deadline may be denied and may not be eligible for rebate payment.

Covered Entities that experience extenuating circumstances affecting their ability to meet the submission deadline may contact Beacon Customer Support to request an exception. Exception requests will be evaluated on a case-by-case basis consistent with Teva's normal business practices.

Q14. Under what circumstances will Teva deny my rebate claim?

A14. Teva may deny a rebate claim if the claim does not satisfy the requirements of the rebate model, including applicable timeliness, and data validation requirements.

A complete description of the validation criteria used to review rebate claims is provided in Appendix C. Covered Entities are encouraged to review these requirements carefully before submitting rebate requests through Beacon.

Rebate Payments

Q15. How is the rebate amount determined?

A15. For approved claims, the rebate amount per unit is equal to the difference between the WAC paid by the Covered Entity and the applicable 340B ceiling price in effect on the date of dispense.



Q16. What should my Covered Entity do if a rebate payment has already been issued for a claim that was submitted in error?

A16. If a Covered Entity identifies a claim that was submitted in error after a rebate payment has been issued, the Covered Entity should promptly reverse the claim through Beacon. Any resulting overpayment will be reconciled through Beacon and applied as an offset against future rebate payments.

Q17. What will happen if my 340B rebate claim is associated with a request for a MFP refund on the same unit of product?

A17. If Teva determines that an approved 340B rebate claim is also associated with a request for a MFP refund, Teva will pay the applicable 340B rebate in accordance with the rebate model.

To prevent overlapping discounts on the same unit, any necessary adjustment will be made to the MFP refund through the Medicare Transaction Facilitator process. Covered Entities will continue to receive the full 340B rebate for approved claims.

Q18. How long will it take to receive the 340B rebate?

A18. Teva will pay approved rebates, or provide a denial with supporting information, within 10 calendar days of receiving a complete rebate claim submission, excluding federal holidays.

If additional information is required to process a claim, the 10-calendar-day review period will begin once the Covered Entity submits a complete response. Covered Entities can track claim status, payments, and any requests for additional information through Beacon.



Appendix A: Claims Data Elements

Pharmacy Claims:

Field	Description	Data Type
Date of Service	Date on which the pharmacy filled the prescription	Date
Date Prescribed	Date the prescriber wrote the prescription.	Date
Rx Number	The native (unmodified) prescription number for the prescription as generated by the pharmacy.	Numeric
Fill Number	Indicates the number of times a prescription has been filled. A value of "0" indicates the prescription has not been filled previously and the current fill is the first one. The first refill would have a value of "1".	Numeric - 0-99
NDC-11	The 11-digit National Drug Code, which indicates the manufacturer, product, and the commercial package size.	Numeric - 11 digits
Quantity Dispensed	The number of units dispensed to the patient. Appropriate Units of Measure for each product will be provided within Beacon's NDC list.	Numeric
Prescriber ID	National provider identifier (NPI) of the physician that wrote the prescription.	Numeric - 10 digits
Service Provider ID	NPI of the pharmacy that filled the prescription.	Numeric - 10 digits
340B ID	The unique identification number provided by HRSA to the 340B covered entity.	Alpha/Numeric
Rx BIN	Prescription Drug Bank Identification Number for the primary payer. Enables pharmacies to electronically transmit data to the appropriate PBM for processing and reimbursement. Include BIN for the primary payer on the claim. If patient is uninsured or a cash payer, mark "999999" in this field.	Numeric - 6 digits
Rx PCN	Processor Control Number for the primary payer. Identifier used to determine which processor will handle a prescription drug claim. Include PCN for the primary payer on the claim. If patient is uninsured or a cash payer, mark "CASH" in this field. If there is no PCN, mark "NONE" in this field.	Alpha/Numeric

Medical Claims:

Field	Description	Data Type
Date of Service	Date on which the medication was administered to the patient.	Date
Claim Line Number	Identifies an individual line number on a claim. Line numbers distinguish distinct services that are submitted on the same claim.	Numeric
Claim Number	A unique identifier for a prescription and claim processor. This value should align with the Patient Control Number or Claim Submission ID, as set within provider systems and included on EDI 837 transmissions to payers (Form 1500 Box 26 or Claim 1450 Box 3)	Alpha/Numeric
Unit of Measure	Either HCPCS code or UOM is required. If no specific (non-miscellaneous) HCPCS code is reported, UOM must be reported, and it must be consistent with standardized billing units as defined by NCPDP for the NDC-11.	Alpha/Numeric
NDC-11	The NDC-11 of the medication administered to the patient.	Numeric - 11 digits
Quantity	The quantity of medication administered to the patient. Quantity must reflect standardized billable units as defined by NCPDP for the NDC-11	Numeric
Rendering Physician ID	The NPI of the healthcare provider who rendered or supervised the care reported on the claim	Numeric - 10 digits
Service Provider ID	The NPI of the healthcare entity where the patient received the medication administration. For example, this could be the NPI of a hospital outpatient surgery center or the NPI of an outpatient infusion center.	Numeric - 10 digits
340B ID	HRSA assigned identifier of the 340B covered entity that designated the administration as 340B.	Alpha/Numeric
Health Plan ID	The identifier code of the patient's primary health insurance plan. If the patient is uninsured or a cash payer, mark "CASH" in this field. If no health plan information is recorded, mark "NONE" in this field.	Alpha/Numeric
Health Plan Name	Name of the patient's primary health insurance plan. If the patient is uninsured or a cash payer, mark "CASH" in this field. If no health plan information is recorded, mark "NONE" in this field.	Alpha/Numeric
Health Plan ID Qualifier (if available)	The qualifier for the patient's health insurance ID	Alpha/Numeric



Appendix B: Teva 340B Email Inquiry Template

Inquiries Direct to Teva - Requested Information

Subject: 340B RM Inquiry - *Covered Entity Name*

Email Body:

Inquiry Nature (Please mention which of the below topics you are inquiring about)

Policy Question

Rejected Claim – Post Beacon Inquiry Process

Payments

Technical Issue

Beacon Issue

Other

Inquiry Description

Nature of the inquiry, include as much detail as possible (e.g. claims number(s), submission dates)

Include supporting documentation absent PPI data

Covered Entity Information

Name:

Address:

NPI:

Covered Entity Contact Information

Who should Teva contact regarding this inquiry?

Name:

Title:

Phone:

Email:

A response to all inquiries is provided within five (5) business days of Teva receipt.

Appendix C: Validations

Pharmacy Claim Validations

Validation	Description
<i>Front End Validations</i>	
Ineligible Product	NDC submitted must be subject to manufacturer policy.
Invalid [Field]	Entry must meet field requirements, e.g., NPI must be 10 digits.
Policy Exception	If an entity has a policy exception and is not eligible for rebates via Beacon, no submissions will be accepted where entity has been exempted
Registered User	Submission must be for 340B ID registered to User
<i>Back End Validations</i>	
Claim Expired	Claim submission date must be within X days after the Date of Service where X is determined by manufacturer policy.
Pharmacy Eligibility	The Service Provider ID must meet the following conditions as of the Date of Service: 1. Active and included within the NCPDP and NPPES databases, 2. A valid Covered Entity site, shipping address, or contract pharmacy according to HRSA OPA enrollment data, or 3. Eligible to dispense 340B-priced drugs according to the manufacturer's contract pharmacy policy.
CE Eligibility - Date	Covered Entity is active in HRSA OPAIS at Date of Service.
CE Eligibility - Orphan Drug	If an NDC is identified as an orphan drug, and the manufacturer does not voluntarily offer 340B pricing for certain hospital types (e.g., SCH, CAN, CAH, RRC), claims from these hospital types will not be accepted.
Aberrant Quantity	Quantity submitted must align with standard dispensing guidelines, consistent with manufacturer commercial business practices. Aberrant Ceiling: Claim quantity cannot be equal to or greater than the maximum aberrant quantity for the NDC. Aberrant Partial: Claim quantity cannot be a partial number listed for the NDC, e.g. Per NDC, the submitted quantities must be multiples of expected quantities.
NDC Expiration	Claim Date of Service must be prior to the final product expiration date for the NDC.
Prescriber ID - Provider	Prescriber ID must be in the NPI registry as a provider.
Prescriber ID - Active	Prescriber ID must be active in the NPI registry at Date of Service.
Network Eligibility	Service Provider ID must be included in the dispensed drug's Limited Distribution Network, if applicable to the NDC.
Pre-Policy Claim	Claim must have Date of Service on or after policy start, exempting specifically permitted pre-policy claims.
Duplicate - One Entity	Duplicate check is performed on distinct claim fields against past conforming claims submitted to the platform by that covered entity. Distinct claim: Date of Service, Service Provider ID, NDC, Rx Number.
Duplicate - Multiple Entities	When the same claim is submitted by multiple covered entities, the first conforming claim submitted in Beacon will be considered valid. Subsequent submissions will be considered invalid.

Medical Claim Validations

Validation	Description
<i>Front End Validations</i>	
Ineligible Product	NDC submitted must be subject to manufacturer policy.
Invalid [Field]	Entry must meet field requirements, e.g., NPI must be 10 digits.
Policy Exception	If an entity has a policy exception and is not eligible for rebates via Beacon, no submissions will be accepted where entity has been exempted
Registered User	Submission must be for 340B ID registered to User
<i>Back End Validations</i>	
Claim Expired	Claim submission date must be within X days after the Date of Service where X is determined by manufacturer policy.
Pharmacy Eligibility	The Service Provider ID must meet the following conditions as of the Date of Service: 1. Active and included within the NCPDP and NPPES databases, 2. A valid Covered Entity site, shipping address, or contract pharmacy according to HRSA OPA enrollment data, or 3. Eligible to dispense 340B-priced drugs according to the manufacturer's contract pharmacy policy.
Prescriber ID - Provider	Prescriber ID must be in the NPI registry as a provider.
Prescriber ID - Active	Prescriber ID must be active in the NPI registry at Date of Service.
CE Eligibility - Date	Covered Entity is active in HRSA OPAIS at Date of Service.
CE Eligibility - Orphan Drug	If an NDC is identified as an orphan drug, and the manufacturer does not voluntarily offer 340B pricing for certain hospital types (e.g., SCH, CAN, CAH, RRC), claims from these hospital types will not be accepted.
Aberrant Quantity	Quantity submitted must align with standard dispensing practices, consistent with manufacturer commercial business practices. Aberrant Ceiling: Claim quantity cannot be equal to or greater than the maximum aberrant quantity for the NDC. Aberrant Partial: Claim quantity cannot be a partial number listed for the NDC, e.g. Per NDC, the submitted quantities must be multiples of expected quantities.
NDC Expiration	Claim Date of Service must be prior to the final product expiration date for the NDC.
Pre-Policy Claim	Claim must have Date of Service on or after policy start, exempting specifically permitted pre-policy claims.
Duplicate - One Entity	Duplicate check is performed on distinct claim fields against past conforming claims submitted to the platform by that covered entity. Distinct claim: Date of Service, Service Provider ID, NDC, Claim Number.
Duplicate - Multiple Entities	When the same claim is submitted by multiple covered entities, the first conforming claim submitted in Beacon will be considered valid. Subsequent submissions will be considered invalid.