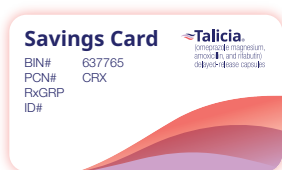


Support Programs for Eligible Patients Prescribed Talicia®

The Talicia Savings Card Program

Savings options for eligible commercially-insured patients or patients without insurance coverage who are paying cash. Not available for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs.



The Talicia Warranty Program

For eligible patients who complete a full course of therapy, in whom the infection has not been eradicated.

See inside for more information on these programs, including terms, conditions, eligibility criteria, and instructions

Talicia®
(omeprazole magnesium, amoxicillin, and rifabutin) delayed-release capsules

PLEASE SEE COMPLETE PRESCRIBING INFORMATION AND IMPORTANT PATIENT SAFETY INFORMATION THROUGHOUT.

IMPORTANT PATIENT SAFETY INFORMATION

Tell your healthcare provider about all of the medicines you take, including prescription or non-prescription medications or herbal supplements before starting Talicia.

Talicia may affect the way other medicines work, and other medicines may affect the way Talicia works. Do not start any new medications while taking Talicia without first speaking with your healthcare provider.

You should not take Talicia if you are known to be sensitive to any of the proton pump inhibitors or rifamycins.

You should not take Talicia if you are taking rilpivirine-containing products, delavirdine or voriconazole.

Before you take Talicia, tell your healthcare provider about all of your medical conditions, including if you:

- Are pregnant or plan to become pregnant. Talicia may harm your unborn baby. Tell your healthcare provider if you become pregnant or think you may be pregnant during your treatment with Talicia.
- Have severe kidney disease or liver disease.

The Talicia® Savings Program

Eligible patients prescribed Talicia may pay as little as \$35, if:

- They have commercial insurance, and
- Talicia is covered by their plan paying cash

Eligible patients prescribed Talicia will pay no more than \$299, if:

- Patient has commercial insurance and Talicia is not covered by their plan, or
- Patient has commercial insurance but is underinsured, or
- Patient is not insured and is paying cash

These offers are not valid for prescriptions that are eligible to be reimbursed in whole or in part by government programs.

For more information or to enroll
go to savings.talicia.com



 **Talicia**[®]
(omeprazole magnesium,
amoxicillin, and rifabutin)
delayed-release capsules

See facing page for full program
terms, conditions, eligibility
criteria, and instructions

**PLEASE SEE COMPLETE PRESCRIBING INFORMATION
AND IMPORTANT PATIENT SAFETY INFORMATION THROUGHOUT.**

IMPORTANT PATIENT SAFETY INFORMATION

When taking Talicia, do not crush or chew capsules. Do not take Talicia with alcohol.

Call your healthcare provider immediately if while taking Talicia you develop:

- New rash or other skin changes, muscle or joint pains, swelling of any area of the body, severe flu-like symptoms, difficulty breathing, fever, blood in your urine, increased or decreased urination, drowsiness, confusion, nausea, vomiting, ongoing stomach pain, bloody diarrhea, or if diarrhea continues after therapy is completed, weight gain, or changes in your eyesight.

The Talicia® Savings Program Terms, Conditions, and Eligibility Criteria

- This offer is valid only for eligible patients, 18 years and older, and is good for use only with a valid prescription for Talicia (omeprazole, amoxicillin and rifabutin) at the time the prescription is filled by the pharmacist and dispensed to the patient.
- Depending on your insurance coverage, eligible patients may pay as little as \$35 and the card pays up to the maximum benefit for each product. Check with your pharmacist for your copay discount. Maximum savings limit applies; patient out-of-pocket expense may vary.
- This offer is valid only for patients with commercial/private insurance and is not valid for prescriptions that are eligible to be reimbursed in whole or part by Medicare, Medicaid, or a Medicare Part D Plan, Tricare, VA, DoD, Puerto Rico Government Health Insurance Plan, or other federal or state programs (including any state pharmaceutical assistance programs), or private indemnity or HMO Insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this offer if they are Medicare eligible and enrolled in an employer sponsored health plan or prescription drug benefit program for retirees. Patients without insurance coverage are considered "cash-pay" patients. Medicare Part D enrollees who are in the prescription drug coverage gap (the "donut hole") are not eligible for the copay coupon. Patients who begin receiving prescription benefits from such Government Programs at any time will no longer be eligible to use the card.
- RedHill Biopharma, Inc. reserves the right to rescind, revoke, or amend this offer without notice.
- Offer good only for use by eligible residents of the USA, including Puerto Rico, at participating retail, specialty, or mail-order pharmacies.
- Void where prohibited by law, taxed, or restricted.
- This card is not transferable. No substitutions are permitted. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law.
- This card has no cash value and may not be used in combination with any other discount coupon, discount card, rebate, free trial, or similar offer for the specified prescription. Patient may not be currently receiving drug assistance through any RedHill Biopharma Inc. patient assistance programs.
- This offer is not health insurance and is not intended to substitute for insurance. Patient, pharmacist and prescriber agree not to seek reimbursement for all or any part of the benefit received by the patient through the offer.
- Both patient and pharmacist are each individually responsible for reporting receipt of coupon benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the card, as required.
- **By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer. The card may not be redeemed more than once per 30 days per patient. Certain information pertaining to your use of the card may be shared with RedHill Biopharma Inc., the sponsor of the card, and/or its vendors. The information disclosed will include the date the prescription is filled and the amount of your copay that will be paid for by using this card.**

For more information, please see the RedHill Biopharma Inc. Privacy Policy at www.talicia.com.

For questions about the program please call 1-844-825-4242 (844-TALICIA).

Pharmacist Instructions for a patient with an eligible third-party payer

- When you redeem this card, you certify that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government programs for this prescription.
- Submit the claim to the primary third-party payer first and then submit the balance due to **Change Healthcare** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g., 3 or 8). The patient's out-of-pocket expense will be reduced up to the maximum savings limit for the program. Reimbursement will be received from **Change Healthcare**.

Pharmacist instructions for a cash-paying patient

- Submit this claim to **Change Healthcare**. A valid Other Coverage Code (e.g., 0 or 1) is required. The patient's out-of-pocket expense will be reduced up to the maximum savings limit for the program. Reimbursement will be received from **Change Healthcare**.
- Valid Other Coverage Code required. For any questions regarding Change Healthcare online processing, please call the Help Desk at 1-800-433-4893.

PLEASE SEE COMPLETE PRESCRIBING INFORMATION AND IMPORTANT PATIENT SAFETY INFORMATION THROUGHOUT.

IMPORTANT PATIENT SAFETY INFORMATION

What are the common side effects of Talicia?

- The most common side effects of Talicia are diarrhea, headache, nausea, stomach pain, rash, indigestion, mouth or throat pain, vomiting, and vaginal yeast infection. Call your healthcare professional for medical advice about side effects.
- Tell your healthcare provider if you experience tiredness, weakness, achiness, headaches, dizziness, depression, increased sensitivity to light, or pain when taking a deep breath.

The Talicia® Warranty Program

Designed for eligible patients who complete a full course of therapy, in whom the infection has not been eradicated. When specified criteria and program requirements are met, these patients can be fully refunded their out-of-pocket expense for their purchase via mail-in-rebate.

For more information please visit

<https://www.talicia.com/patient/patient-resources/>

The Talicia Warranty Program Terms, Conditions, and Eligibility Criteria

- This offer is valid for only one purchase of a valid prescription of Talicia and only one claim for reimbursement can be submitted per patient per lifetime.
- This offer is only valid for patients who adhered to the full 14-day therapy, taking Talicia as directed by the prescribing information: 4 Talicia capsules at least 4 hours apart (e.g., morning, mid-day, and evening) with food, and completed a test for eradication of *H. pylori* infection approximately 4-6 weeks after the patient's last dose of Talicia. Only the following tests are valid to demonstrate eradication of *H. pylori* infection: Urea Breath Test, Stool Antigen Test, CLO Test or tissue staining of stomach biopsy. **Important: Serology will not be accepted as a test for eradication of *H. pylori* infection.**
- This offer is valid only for patients with commercial/private insurance or cash paying patients. Patients without insurance coverage are considered "cash-pay" patients. Offer is not valid for patients enrolled in Medicare, Medicaid, or a Medicare Part D Plan, Tricare, VA, DoD, Puerto Rico Government Health Insurance Plan, or other federal or state programs (including any state pharmaceutical assistance programs), or private indemnity or HMO Insurance plans that reimburse you for the entire cost of your prescription drugs.
- Eligible claims for reimbursement must be submitted by email to talicia.warranty@apollocare.com and contain all required elements per program requirements.
- RedHill Biopharma, Inc. reserves the right to rescind, revoke, or amend this offer without notice.
- Offer good only for use by eligible residents of the USA, including Puerto Rico.
- Void where prohibited by law, taxed, or restricted.
- By submitting a claim for reimbursement, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.

To request a refund, eligible patients should follow the steps below:

1. Visit <https://www.talicia.com/patient/patient-resources/>
2. Download all required forms.
3. Submit all completed and signed forms, along with proof of purchase, mailing address, and a copy of your insurance card (if used for prescription) to talicia.warranty@apollocare.com.
4. Incomplete submissions and/or submissions that fail to meet all program requirements will not be granted.



PLEASE SEE COMPLETE PRESCRIBING INFORMATION AND IMPORTANT PATIENT SAFETY INFORMATION THROUGHOUT.

IMPORTANT PATIENT SAFETY INFORMATION

What are the common side effects of Talicia? (continued)

- Talicia may reduce the effectiveness of oral or other forms of hormonal birth-control. You should use an additional non-hormonal highly effective method of birth control while taking Talicia.
- You may experience a brown-orange discoloration of your urine or tears while taking Talicia.

The information here is not comprehensive. Talk to your healthcare provider to learn more. Visit www.talicia.com for prescribing information.

You are encouraged to report side effects to the **FDA at 1-800-FDA-1088 or www.fda.gov/medwatch**

