Jerusalem, June 14, 2013 – Teva Pharmaceutical Industries Ltd. (NYSE: TEVA) announced today that a number of abstracts will be presented during the 17th Annual International Congress of Parkinson’s Disease and Movement Disorders in Sydney, Australia, June 16-20, 2013, also known as the Movement Disorders Society (MDS). These presentations affirm Teva’s ongoing commitment to Parkinson’s disease (PD) research and underscore the potential of AZILECT® as a treatment modality for PD.

“The AZILECT® abstract topics presented at MDS demonstrate our efforts to further clarify the clinical utility of rasagiline to prescribers and PD patients across various stages of the disease,” said Michael Hayden, MD, President of Global R&D and Chief Scientific Officer at Teva Pharmaceutical Industries Ltd. “We are committed to driving advances in research to help address the treatment needs of those impacted by neurological conditions.”

Some of the presentations include:

- **[283] Efficacy and Tolerability of Rasagiline in Daily Clinical Use – A Post Marketing Observational Study in Patients with Parkinson’s Disease Focusing on Nonmotor Symptoms and QoL Data** (Poster Session Topic: PD: Quality of Life/Caregiver Burden, Monday, June 17, 2013) Heinz Reichmann, Prof, Dr., Rainer Apfel, PhD, Sabrina Schroeder, PhD

- **[389] Efficacy of Rasagiline 1mg/day on Key Motor Symptoms of Early Parkinson Disease: Post-hoc Analysis from the Attenuation of Disease Progression with Azilect® Given Once-Daily (ADAGIO) Study** (Poster Session Topic: PD: Clinical Trials, Tuesday, June 18, 2013) Eduardo Tolosa, MD, on behalf of the ADAGIO investigators (Selected for a guided poster tour: Thursday, June 20, 2013)

- **[446] A Placebo-Controlled, Randomized, Double-Blind Study to Assess the Safety and Clinical Benefit of Rasagiline as an Add-On to Dopamine Agonist Monotherapy in Early Parkinson’s Disease (PD): The ANDANTE Study** (Poster Session Topic: PD: Clinical Trials, Tuesday, June 18, 2013) Robert A Hauser, MD, Dee Silver, MD, Azhar Choudhry, MD, Stuart Isaacson, MD (Selected for a guided poster tour: Thursday, June 20, 2013)

- **[387] A Randomized, Double Blind, Placebo-Controlled Study to Assess the Effect of Rasagiline on Mild Cognitive Impairment in Patients with Parkinson’s Disease: The MODERATO Study** (Poster Session Topic: PD: Clinical Trials, Tuesday, June 18, 2013) D. Weintraub MD, R.A. Hauser MD, MBA, A. Choudhry MD, MBA
ABOUT AZILECT® (UNITED STATES)

AZILECT® (rasagiline tablets) is indicated for the treatment of the signs and symptoms of Parkinson's disease (PD) both as initial therapy alone and to be added to levodopa later in the disease. Patients should not take AZILECT® if they are taking meperidine, tramadol, methadone, propoxyphene, dextromethorphan, St. John's Wort, cyclobenzaprine, or other monoamine oxidase inhibitors (MAOIs), as it could result in a serious reaction. Patients should inform their physician if they are taking, or planning to take, any prescription or over-the-counter drugs, especially antidepressants and ciprofloxacin. Patients with moderate to severe liver disease should not take AZILECT®. Patients should not exceed a dose of 1 mg per day of AZILECT® in order to prevent a possibly dangerous increase in blood pressure.

Side effects seen with AZILECT® alone are flu syndrome, joint pain, depression, and indigestion; and when taken with levodopa are uncontrolled movements (dyskinesia), accidental injury, weight loss, low blood pressure when standing, vomiting, anorexia, joint pain, abdominal pain, nausea, constipation, dry mouth, rash, abnormal dreams, and fall.

See additional important information at http://www.azilect.com/Resources/PDFs/PrescribingInformation-pdf.aspx. For hardcopy releases, please see enclosed full prescribing information.

AZILECT® is currently available in more than 40 countries worldwide, including the U.S., Canada, Israel, Mexico, and all EU countries. Teva has a long-term agreement for the joint development and marketing of AZILECT® in Europe and some additional markets with H. Lundbeck A/S. In North America, AZILECT® is marketed by Teva's wholly-owned subsidiary, Teva Neuroscience, Inc. (www.tevaneuro.com).

About Teva
Teva Pharmaceutical Industries Ltd. (NYSE: TEVA) is a leading global pharmaceutical company, committed to increasing access to high-quality healthcare by developing, producing and marketing affordable generic drugs as well as innovative and specialty pharmaceuticals and active pharmaceutical ingredients. Headquartered in Israel, Teva is the world's leading generic drug maker, with a global product portfolio of more than 1,000 molecules and a direct presence in about 60 countries. Teva's branded businesses focus on CNS, oncology, pain, respiratory and women's health therapeutic areas as well as biologics. Teva currently employs approximately 46,000 people around the world and reached $20.3 billion in net revenues in 2012.

Teva's Safe Harbor Statement under the U. S. Private Securities Litigation Reform Act of 1995:

This release contains forward-looking statements, which express the current beliefs and expectations of management. Such statements are based on management's current beliefs and expectations and involve a number of known and unknown risks and uncertainties that could cause our future results, performance or achievements to differ significantly from the results, performance or achievements expressed or implied by such forward-looking statements.

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Important factors that could cause or contribute to such differences include risks relating to: our ability to develop and commercialize additional pharmaceutical products, competition for our innovative products, especially Copaxone® (including competition from innovative orally-administered alternatives, as well as from potential purported generic equivalents), competition for our generic products (including from other pharmaceutical companies and as a result of increased governmental pricing pressures), competition for our specialty pharmaceutical businesses, our ability to achieve expected results through our innovative R&D efforts, the effectiveness of our patents and other protections for innovative products, decreasing opportunities to obtain U.S. market exclusivity for significant new generic products, our ability to identify, consummate and successfully integrate acquisitions, the effects of increased leverage as a result of recent acquisitions, the extent to which any manufacturing or quality control problems damage our reputation for high quality production and require costly remediation, our potential exposure to product liability claims to the extent not covered by insurance, increased government scrutiny in both the U.S. and Europe of our agreements with brand companies, potential liability for sales of generic products prior to a final resolution of outstanding patent litigation, our exposure to currency fluctuations and restrictions as well as credit risks, the effects of reforms in healthcare regulation and pharmaceutical pricing and reimbursement, any failures to comply with complex Medicare and Medicaid reporting and payment obligations, governmental investigations into sales and marketing practices (particularly for our specialty pharmaceutical products), uncertainties surrounding the legislative and regulatory pathways for the registration and approval of biotechnology-based products, adverse effects of political or economical instability, corruption, major hostilities or acts of terrorism on our significant worldwide operations, interruptions in our supply chain or problems with our information technology systems that adversely affect our complex manufacturing processes, any failure to retain key personnel or to attract additional executive and managerial talent, the impact of continuing consolidation of our distributors and customers, variations in patent laws that may adversely affect our ability to manufacture our products in the most efficient manner, potentially significant impairments of intangible assets and goodwill, potential increases in tax liabilities, the termination or expiration of governmental programs or tax benefits, environmental risks and other factors that are discussed in our Annual Report on Form 20-F for the year ended December 31, 2012 and in our other filings with the U.S. Securities and Exchange Commission. Forward-looking statements speak only as of the date on which they are made and the Company undertakes no obligation to update or revise any forward-looking statement, whether as a result of new information, future events or otherwise.

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The Nature Company has announced at the annual international conference on Parkinson’s Disease and Movement Disorders that it will present data from studies of its medication Azilect (rasagiline) in a key role in the treatment of people with Parkinson’s disease.

Jerusalem, June 30, 2013 - The Nature Industry Co. (NYSE: TEVA) today announced that it will present study data at the 17th International Conference on Parkinson’s Disease and Movement Disorders during the 2013 meeting of the scientific community. These studies support the continued commitment of The Nature Company to Parkinson’s disease and highlight the potential of Azilect and its importance in the treatment of Parkinson’s disease.

“The results of the studies of Azilect presented at the conference confirm our efforts to continue to study the clinical use of rasagiline (rasagiline) in different stages of the disease, for doctors treating and patients with Parkinson’s disease,” said Michael Hayden, President of Global Research and Development and Chief Scientist of The Nature Company. “We are committed to advancing research to meet the needs of people with neurologic conditions.”

In the studies that will be presented:

- [382] The efficacy and tolerability of rasagiline in everyday use – an observational study among people with Parkinson’s disease who have non-motor symptoms and quality of life (subject: Parkinson’s disease: quality of life / the impact on the physician, Monday, June 30)

- [464] The efficacy of 0 mg/day of rasagiline in the treatment of the main motor symptoms in people with Parkinson’s disease in the early stages of the disease: ADAGIO (subject: Parkinson’s disease: clinical studies, Tuesday June 30)

- [283] Randomized, double-blind, placebo-controlled study to evaluate the safety and clinical benefits of rasagiline as an addition to monotherapy dopamine agonist in people in the early stages of Parkinson’s disease: ANDANTE (subject: Parkinson’s disease: clinical studies, Tuesday June 30)

- [446] The interaction of tolcapone with rasagiline and dopamine agonist in people with Parkinson’s disease – MODERATO (subject: Parkinson’s disease: clinical studies, Monday, June 30)

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AZILECT® (rasagline) is a tetrahydroisoquinoline (SD-1) and a monoamine oxidase B (MAO-B) inhibitor that is approved in the U.S., Canada, Israel, Mexico and throughout most of Europe for initial monotherapy or in combination with levodopa in the treatment of patients with mild to moderate Parkinson’s disease (PD). The action of rasagline and other MAO-B inhibitors is limited to the brain and is not accompanied by systemic side effects. Rasagline should be used in combination with levodopa in patients with PD in whom levodopa treatment is no longer sufficient or where levodopa is not tolerated. Rasagline should not be used in patients taking meperidine. In addition, rasagline is contraindicated in patients taking meperidine, tramadol, methadone, propoxyphene, dextromethorphan, St. John’s wort, cyclobenzaprine, or other monoamine oxidase inhibitors (MAOIs) because of the risk of hypertensive crisis. Rasagline should not be used in patients taking certain antipsychotics such as clozapine, pimozide, or certain antidepressants such as selective serotonin reuptake inhibitors (SSRIs) or serotonin-norepinephrine reuptake inhibitors (SNRIs) because of a risk of serotonin syndrome.

Rasagline is metabolized in the liver by cytochrome P450 2C9 and 2C19 and should not be used in patients with liver disease or who have used, are using, or who are about to use an enzyme inducer (e.g., carbamazepine, phenytoin). Rasagline is metabolized by CYP2C19 and so should not be used in patients taking an enzyme inducer (e.g., carbamazepine) that could inhibit this metabolism. Rasagline has been shown to decrease the metabolism of drugs metabolized by CYP2C19, such as warfarin.

The most common side effects of rasagline are nausea, vomiting, dizziness, drowsiness, sweating, diarrhea, and constipation. Rasagline can also cause constipation, dyspepsia, flatulence, and other gastrointestinal side effects. Rasagline has been shown to cause an increase in blood pressure and should not be used in patients with high blood pressure.

Rasagline is contraindicated in patients with severe hepatic impairment and patients with severe renal impairment. Rasagline should be used with caution in patients with mild to moderate renal impairment. Rasagline has not been studied in patients with severe hepatic impairment or hepatic or renal failure who are undergoing hemodialysis or peritoneal dialysis. Rasagline is not recommended for use in patients with a history of heart disease.

Rasagline is a Schedule IV controlled substance and has the potential for abuse. Patients should be warned that it is illegal to sell or distribute this medication to other people.

Rasagline is not recommended for use in patients with a history of heart disease.

Rasagline is available in tablets of 1 mg and 2 mg. The usual starting dose is 1 mg per day, which can be increased to 2 mg per day if tolerated. Patients should be advised to take rasagline with a meal and should be monitored for adverse effects.

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U.S. and Europe of our agreements with brand companies, potential liability for sales of generic products prior to a final resolution of outstanding patent litigation, our exposure to currency fluctuations and restrictions as well as credit risks, the effects of reforms in healthcare regulation and pharmaceutical pricing and reimbursement, any failures to comply with complex Medicare and Medicaid reporting and payment obligations, governmental investigations into sales and marketing practices (particularly for our specialty pharmaceutical products), uncertainties surrounding the legislative and regulatory pathways for the registration and approval of biotechnology-based products, adverse effects of political or economical instability, corruption, major hostilities or acts of terrorism on our significant worldwide operations, interruptions in our supply chain or problems with our information technology systems that adversely affect our complex manufacturing processes, any failure to retain key personnel or to attract additional executive and managerial talent, the impact of continuing consolidation of our distributors and customers, variations in patent laws that may adversely affect our ability to manufacture our products in the most efficient manner, potentially significant impairments of intangible assets and goodwill, potential increases in tax liabilities, the termination or expiration of governmental programs or tax benefits, environmental risks and other factors that are discussed in our Annual Report on Form 20-F for the year ended December 31, 2012 and in our other filings with the U.S. Securities and Exchange Commission. Forward-looking statements speak only as of the date on which they are made and the Company undertakes no obligation to update or revise any forward-looking statement, whether as a result of new information, future events or otherwise.

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