

Terms and Conditions for Sabril Informational Support

Informational support provided through the Lundbeck *SHAREPlus* Coordinating Center (“Informational Support”) is available for eligible Sabril (vigabatrin) patients only. Informational Support should not replace conversations between patients and their health care providers or their office staff, is not insurance or a guarantee of coverage or assistance, and has no independent value.

Patients are eligible for Informational Support if they have a valid prescription for Sabril and a request is submitted to the *SHAREPlus* Coordinating Center using a completed Sabril Prescription Form. Informational Support includes insurance coverage information related to Sabril and, depending on patient eligibility, information regarding other Lundbeck patient support programs. Separate applications may be required for Lundbeck programs to determine patient eligibility.

There may be other ways for patients to obtain assistance verifying insurance coverage for, and/or affording the cost of Sabril. Questions regarding other possible sources of patient support should be directed to the patient’s health care provider.

There is no purchase requirement associated with Informational Support. Informational Support is only provided in the USA where allowed by law. Informational Support is intended to comply with all applicable laws and regulations, including, without limitation, the federal Anti-Kickback Statute, its implementing regulations, and related guidance interpreting the federal Anti-Kickback Statute. Lundbeck reserves the right to rescind, revoke, or amend Informational Support without notice. Questions regarding Informational Support that may be available to a patient and opt-out requests should be directed to the *SHAREPlus* Coordinating Center: Monday-Friday, 8:00 a.m. to 8:00 p.m. ET. 1-888-457-4272.

Terms and Conditions for the Sabril StarterRx Program

Only new, commercially insured Sabril patients age 1 month – 2 years who have been diagnosed with infantile spasms are eligible for the Sabril StarterRx Program (“StarterRx”). Patients are not eligible for StarterRx if they are self-pay or if the prescription is eligible to be reimbursed, in whole or in part, by any state or federal health care programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD, or TRICARE. In addition, patients may not participate in StarterRx if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees.

To be eligible for StarterRx, patients must have a Sabril prescription that is consistent with the labeling for Sabril. Patients are only eligible if they have never enrolled, either directly or through their health care provider, with *SHAREPlus* and/or if they have never received StarterRx. To participate, the applicable prescription for StarterRx must be submitted with a completed Sabril Prescription Form to *SHAREPlus*. Claims for product provided through StarterRx shall not be submitted for reimbursement to any private or public third-party payer, including Medicaid or Medicare, or any other state or federal health care program. Patients are responsible for complying with any obligations or requirements imposed by their insurance plans. Any product provided through StarterRx is intended solely for the patient for whom it has been prescribed.

Lundbeck reserves the right to rescind, revoke, or amend StarterRx without notice. StarterRx is intended to comply with all applicable laws and regulations, including, without limitation, the federal Anti-Kickback Statute, its implementing regulations, and related guidance interpreting the federal Anti-Kickback Statute. StarterRx is not health insurance. StarterRx is valid only in the USA where allowed by law. There is no future purchase requirement associated with StarterRx. Patient questions and requests to discontinue participation in StarterRx can be directed to 1-888-457-4273 (8:00 am-8:00 pm ET, Monday through Friday). By participating in StarterRx, the patient acknowledges and agrees that he/she is eligible to participate and that he/she understands and agrees to comply with these terms and conditions.

Terms and Conditions for the Sabril Copay Assistance Program

Terms and Conditions: Only commercially insured patients whose insurance policy provides coverage for Sabril® (vigabatrin) and who are not reimbursed for the entire cost of the prescription are eligible for the copay assistance (the “Offer”). Patients are not eligible for the Offer if they are self-pay or if the prescription is eligible to be reimbursed, in whole or in part, by any state or federal health care programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD, or TRICARE. In addition, patients may not use the Offer if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees.

The Offer is valid only for use with a valid prescription for Sabril at the time the prescription is filled by the pharmacist and dispensed to the patient. The Offer applies only to prescriptions filled before the program expires. The copay prescriptions shall not be submitted for reimbursement to any public third-party payer, including Medicaid or Medicare, or any other similar federal or state healthcare program. Patients are responsible for complying with any obligations or requirements imposed by their insurance plans.

The Offer is not transferable. The selling, purchasing, trading, or counterfeiting of the Offer is prohibited by law. The Offer has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified prescription.

Lundbeck reserves the right to rescind, revoke, or amend the Offer without notice. The Offer is intended to comply with all applicable laws and regulations, including, without limitation, the federal Anti-Kickback Statute, its implementing regulations, and related guidance interpreting the federal Anti-Kickback Statute. The Offer is not health insurance. The Offer is valid only in the USA where allowed by law. There is no future purchase requirement associated with the Offer. Patient questions and requests to discontinue participation in the program can be directed to 1-888-457-4273 (8:00 am-8:00 pm ET, Monday through Friday).

Eligible commercially insured patients with a valid Sabril prescription may participate in this program. Use of the Copay Assistance program will require patients to pay a minimum of \$10 out-of-pocket expense for each 30-day prescription. A maximum benefit limit may apply. If the patient’s total out-of-pocket pharmacy bill exceeds the cap established by Lundbeck, the patient will be responsible for the additional balance. Patients should talk to their pharmacist to determine the maximum amount that they could pay based on their prescribed dosage and insurance benefits. By participating in the Copay Assistance program, the patient acknowledges and agrees that he/she is eligible to participate and that he/she understands and agrees to comply with the General and Copay Assistance Terms and Conditions.

To the Pharmacist:

- Submit transaction to McKesson Corporation using BIN #610524.
- Input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- Acceptance of this card and your submission of claims are subject to the LoyaltyScript® program. Terms and Conditions posted at www.mckesson.com/mprstnc.
- For questions regarding claim transmission call the LoyaltyScript® program at 1-800-657-7613 (8:00 am-8:00 pm ET, Monday through Friday).
- For questions regarding patient eligibility or other issues, call the SHAREPlus Coordinating Center at 1-888-457-4273 (8:00 am-8:00 pm ET, Monday through Friday).