Terms and Conditions for the Northera Copay Assistance Program

Terms and Conditions: Only commercially insured patients age 17 and older whose insurance policy provides coverage for Northera® (droxidopa) 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 they are enrolled in a health plan that is funded, in whole or in part, by the federal or state government; examples of such government health plans are 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 Northera 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 or terminates. 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, terminate 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 1-844-601-0101 (8:00 am-6:00 pm ET, Monday through Friday).

Eligible commercially insured patients age 17 and older with a valid Northera prescription may participate in this program. Patients must pay at least $10 for each 30-day prescription. A maximum benefit limit may also 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 confirm their out-of-pocket cost with their pharmacy at the time the pharmacy calls to dispense the prescription. 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 Northera Support Center at 1-844-601-0101 (8:00 am-6:00 pm ET, Monday through Friday).

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