

Acthar[®] Gel Patient Assistance Program Terms and Conditions

The Acthar Gel Patient Assistance Program (the “Program”) provides Acthar[®] Gel (repository corticotropin injection) at no cost to patients who meet program eligibility requirements.

Program Eligibility: To qualify for the Program, a patient must be a permanent United States resident, have a valid Acthar Gel prescription for an FDA-approved indication, have a household income at or below 700% of the Federal Poverty Level, and be uninsured or rendered uninsured by an insurance coverage denial with respect to Acthar Gel. Certain Medicare Part D patients with Acthar Gel coverage who cannot afford their out-of-pocket costs also may be eligible. Patients are required to provide a verbal consent for electronic income verification check or send in documents to support the income verification. Completion of the verbal attestation does not guarantee that a patient will qualify for assistance under the Program. Approved patients are eligible to receive assistance until the end of the calendar year in which they were approved unless they were approved on or after December 1, in which case the patient is eligible to receive assistance until the end of the following calendar year. Patients are responsible for notifying Mallinckrodt of changes to their prescription health insurance, income eligibility, and any other changes that may disqualify them from eligibility. Patients will be removed from the Program and no longer receive product shipments if they lose eligibility after being enrolled.

Where a patient insured through Medicare Part D qualifies for Program benefits, the patient’s Part D plan will be notified of the patient’s participation in the Program.

Health plans, specialty pharmacies, pharmacy benefit managers, and vendors or agents of any of the foregoing (individually and collectively, “Plan Agents”) are prohibited from enrolling patients in the Program or assisting patients with enrollment in the Program. The patient, or a legal representative of the patient who is not a Plan Agent, must personally enroll the patient in the Program in order for the patient to be eligible for Program benefits. Mallinckrodt, in its sole discretion, may reduce or eliminate Program benefits for any patient whose plan or Plan Agent requires enrollment in the Program as a condition of participation in any plan or plan benefit, coverage, or program.

The units of Acthar Gel offered under the Program are to be used exclusively by patients and no other person or entity is entitled to benefit from the assistance. Patients may not seek reimbursement or credit for assistance from any insurer, health plan, or governmental program. No product provided through the Program may be sold, traded, or returned for credit. The Program does not constitute prescription drug coverage and is not intended as a substitute for health insurance. The Program is not available where prohibited by law. Other restrictions may apply. Program terms, conditions, and benefits are subject to change or discontinuance without notice.