

## Terms and Conditions

### Program Information:

The ZAVESCA® (miglustat) Patient Co-pay Program (the "Program") is offered to patients who have been prescribed ZAVESCA and who meet specific eligibility criteria.

### Eligibility Criteria:

To be eligible, the patient (you):

- Must have a valid prescription for ZAVESCA.
- Must have commercial insurance that covers medication costs for ZAVESCA.
- **Must NOT currently be enrolled in federal- or state- subsidized healthcare programs that cover prescription drugs, including Medicare (Medicare Part D prescription drug benefit), Medicaid, Medigap, VA/DoD (Tricare), Indian Health Service, or similar federal or state programs.**
- Must not have prescription coverage in or be a resident of Massachusetts or California.
- Must not be receiving any other financial assistance for prescription coverage for ZAVESCA.

### ZAVESCA Patient Co-Pay Program Terms and Conditions:

- This program may only be used for the purposes of purchasing ZAVESCA.
- You may not seek reimbursement from any third-party payer for any amount provided in this program.
- You agree to notify the pharmacy that fills your prescription if you no longer meet the eligibility criteria as listed above or to contact the Program Administrator (TrialCard) at 1-866-562-6170.
- This program does not obligate you to use ZAVESCA.
- Should your healthcare professional ("HCP") change your therapy regimen, please follow the advice of your HCP.
- This offer may not be combined with any other coupon, discount, prescription savings card, free trial, or other offer.
  - Individuals enrolled in the program are limited to receiving 13 shipments in a 12-month period.

As a participant, you certify that you (or others on your behalf) will not seek reimbursement or compensation from any of these programs, which include a flexible spending account, a Health Savings Account ("HSA"), or a Health Reimbursement Account ("HRA").

- Patients: If you have insurance coverage for this prescription, you may be required to notify your insurance carrier of your participation in this program.
- Pharmacies: Depending on the nature and terms of your relationship with insurance carriers, you may be required to notify the carriers of redemptions.
- The selling, purchasing, trading, or counterfeiting of this program is prohibited.
- Offer good only in the United States of America and the Commonwealth of Puerto Rico.
- Offer not valid in Massachusetts or California.

Terms and Conditions (continued)

- The personal and/or private information you provide is necessary to permit Actelion Pharmaceuticals US Inc ("Actelion")—the distributor of ZAVESCA—and companies that work with Actelion to support the Program, including other affiliates and parent companies, and to provide benefits to you related to the activation and use of the Program. The information you provide will be shared with companies supporting the Program and as required by law.
- Actelion reserves the right to rescind, revoke, or amend this offer without notice at any time.
- You may choose to opt out of the Program at any time by notifying your pharmacy that fills your prescription or contacting the Program Administrator (TrialCard) at 1-866-562-6170.
- Void where prohibited, taxed, or otherwise restricted by law.
- The Program takes effect November 1, 2015, and expires December 31, 2018.

Patient Certification:

By agreeing to participate in the Program, you, the patient or legal guardian of the patient, certify that you have read and will otherwise comply with the above terms and conditions.

If you do not agree to these terms and conditions, you will not be eligible to participate in the Program.