

WAKIX® (pitolisant) tablets COPAY PROGRAM TERMS AND CONDITIONS

It is important that every patient reads and understands the WAKIX Copay Program Terms and Conditions. By using the WAKIX Copay Card, the patient is certifying that they meet the eligibility criteria and will comply with these Terms and Conditions. Patients with questions about the WAKIX Copay Program should call (855) 925-4948.

I. ELIGIBILITY CRITERIA

Subject to program limitations and terms and conditions, the WAKIX Copay Program is open to patients who have a valid, on-label prescription for WAKIX and have signed the Patient Services Authorization on the WAKIX Prescription Referral Form, and who have commercial or private insurance that covers WAKIX, including state and federal plans commonly referred to as "healthcare exchange plans." This program helps eligible patients cover out-of-pocket medication costs related to WAKIX, up to program limits described in these Terms and Conditions. Out-of-pocket costs may include co-payment, co-insurance, and deductible out-of-pocket costs. The WAKIX Copay Program does not cover any other costs related to office visits. There is no income requirement to participate in this program.

This offer is not valid for patients whose prescription for WAKIX is paid for in whole or in part by Medicare, Medicaid, TRICARE or any other federal or state healthcare program. It is not valid for cash-paying patients or where prohibited by law. A patient is considered cash-paying where the patient has no insurance coverage for WAKIX or where the patient has commercial or private insurance but WAKIX for You in its sole discretion determines the patient is effectively uninsured because such coverage does not provide a material level of financial assistance for the cost of a WAKIX prescription. This offer is only valid in the United States and U.S. Territories. The offer may not be redeemed for cash.

II. PROGRAM BENEFITS

The WAKIX Copay Program provides support up to the Maximum Program Benefit or Patient Total Program Benefit (as defined below). If your commercial insurance plan imposes different or additional requirements on you, the WAKIX Copay Program has the right to modify or eliminate those benefits. Whether you are eligible to receive the Maximum Program Benefit or Patient Total Program Benefit is determined by the type of plan coverage you have.

The WAKIX Copay Program may modify the benefit amount, unilaterally determined by the program in its sole discretion, to satisfy the out-of-pocket cost sharing requirement for any patient whose plan or plan agent (including, but not limited to, a Pharmacy Benefit Manager [PBM] requires enrollment in the WAKIX Copay Program as a condition of the plan or PBM waiving some or all of an otherwise applicable patient out-of-pocket cost sharing amount. These programs are often referred to as copay maximizer programs. If you believe your commercial insurance plan may have such limitations, please contact WAKIX for You Support at 1-855-925-4948. Health plans and PBMs are prohibited from enrolling patients or assisting in the enrollment of patients in the WAKIX Copay Program. The patient, or his/her legal representative, must personally enroll in the WAKIX Copay Program in order to be eligible for program benefits.

If at any time you begin receiving coverage for medications under any federal, state, or government healthcare program (including but not limited to Medicare, Medicaid, TRICARE, Department of Defense, or Veteran Affairs programs), you will no longer be able to use the program and must contact WAKIX for You at 1-855-925-4948 (Monday through Friday, from 8:00 AM to 8:00 PM ET) to stop your participation in the program.

Patients may not seek reimbursement for the value received from the WAKIX Copay Program from any third-party payers, including a flexible spending account or healthcare savings account. Participating in this program means that you are ensuring you comply with any required disclosure of your insurance carrier or PBM regarding your participation in the WAKIX Copay Program. Restrictions may apply. Offer subject to change or discontinuation without notice. This is not health insurance.

III. PROGRAM DETAILS

For all eligible patients, the WAKIX Copay Program offers:

- A program benefit that covers the patient's eligible out-of-pocket medication costs for WAKIX on behalf of the patient, up to a Maximum Program Benefit or Patient Total Program Benefit amount determined by the program per calendar year.
- WAKIX patients may pay as little as \$0 out of pocket for each valid, on-label prescription. Annual benefit limits per individual apply, and a valid Prescriber ID# is required on the prescription. The WAKIX Copay Program will pay the remaining eligible out-of-pocket prescription costs on behalf of the patient until the program payments have reached either the Maximum Program Benefit and/or the Patient Total Program Benefit. Patients are responsible for all amounts that exceed this limit.

Maximum program benefit and/or patient total program benefit may change, end or vary without notice: The WAKIX Copay Program provides up to a "Maximum Program Benefit" of support to reduce a patient's out-of-pocket medication costs that the program will provide per patient for each calendar year, which must be applied to the patient's out-of-pocket costs. "Patient Total Program Benefit" amounts are determined by the program and will not exceed the Maximum Program Benefit. The Patient Total Program Benefit may be less than the Maximum Program Benefit, depending on the terms of a patient's plan, and may vary among individual patients covered by different plans, based on factors determined solely by the program, to ensure all program funds are used for the benefit of the patient. Each patient is responsible for costs above the Patient Total Program Benefit amounts. Participating patients are solely responsible for updating WAKIX for You with changes to their insurance, including, but not limited to, initiation of insurance provided by the government, the addition of any coverage terms that do not apply WAKIX Copay Program benefits to reduce a patient's out-of-pocket costs, such as accumulator adjustment benefit design or a co-pay maximization program. Participating patients are responsible for providing the WAKIX Copay Program with accurate information necessary to determine program eligibility and benefit amounts. By accepting payments from the program made on behalf of participating patients, participating PBMs and Plans likewise are responsible for providing the program with accurate information regarding patient eligibility.

Patients may use the card every time they receive a prescription for WAKIX, up to the Maximum Program Benefit or Patient Total Program Benefit. Benefits reset each calendar year.

IV. OTHER RESTRICTIONS

Cash Discount Cards and other non-insurance plans are not valid as primary under this program offer. If you are eligible for drug benefits under any such program, you cannot use this offer. By using this offer, you certify that you will comply with any terms of your health insurance contract requiring notification to your payer of the existence and/or value of this offer. This offer is not valid for patients under 18 years of age. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. The parties reserve the right to monitor participation, and to change rescind, revoke, amend, or discontinue this offer without notice at any time.

V. PHARMACY INFORMATION AND INSTRUCTIONS

When you apply this offer, you are certifying that WAKIX is being dispensed to a patient eligible for this offer in compliance with these Terms and Conditions and the pharmacy has not submitted a claim for reimbursement under any federal, state, or other governmental programs for the prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider.

Submit the claim to the patient's Third Party payer(s) first, then submit the balance due to SS&C Health as a secondary payer as a copay only billing using BIN 019158 and a valid Other Coverage Code (eg, 8). The WAKIX Copay Program pays up to the annual Maximum Benefit Amount or Patient Total Program Benefit. Reimbursement will be received from SS&C Health.

Valid Other Coverage Code required.

For any questions regarding SS&C Health online processing, please call the Help Desk at 1-844-373-0987.