

## **LUMRYZ™ Copay Program Terms and Conditions**

In order to participate in the LUMRYZ Copay Program (“Copay Program” or “Program”) and receive the benefit, a patient must meet the eligibility criteria and comply with the terms and conditions described below:

- This Program offer is only valid for patients who have a valid LUMRYZ prescription for an FDA-approved “on label” use and who have commercial insurance coverage for LUMRYZ. Patients with commercial insurance that does not provide formulary coverage for LUMRYZ are NOT eligible for the Copay Program. No substitutions are permitted.
- This Program offer is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, Medigap, VA, DoD, Tricare or other federal or state healthcare programs (including any state prescription drug assistance programs).
- This Program offer is not valid for uninsured or cash paying patients.
- Eligible patients may pay as little as \$0 on each fill. Maximum benefit limits per prescription and annual benefit limits (“Annual Program Maximum”) per individual apply and out of pocket expenses may vary. If the prior authorization is approved by the commercial insurer, then the patient remains eligible for the Copay Program. If the prior authorization is denied by the commercial insurer, then the patient is no longer eligible for the Copay Program and may not receive any additional Copay Program benefits. If you have any questions regarding your eligibility or benefits, please call 1-844-485-7636.
- This Program offer is not valid as a primary claim for patients.
- The Program offer is not valid for prescriptions that are eligible to be reimbursed by private insurance plans, other health or pharmacy benefit programs which reimburse you for the entire cost of your prescription.
- This Copay Program is not health insurance. Patients may not seek reimbursement for the value received from the Copay Program from any third-party payers, including the patient’s commercial insurer, a flexible spending account or health-care savings account. This Program offer is not valid if your insurance plan or pharmacy benefit manager prohibits use of manufacturer copay cards. By participating in this Copay Program, you agree you are responsible for ensuring you comply with any required disclosure of your insurance plan or pharmacy benefit manager.
- The Program offer cannot be combined with any other financial assistance program, rebate/coupon, free trial, discount, prescription savings card or other offer.
- This Program offer is only valid for residents of the United States or Puerto Rico. Patients residing in or receiving treatment in certain states may not be eligible. This offer is not valid in Massachusetts or where otherwise prohibited by law.
- The Program offer is only available at participating pharmacies.
- Some health plans have established programs referred to as ‘co-pay maximizer’ programs. A co-pay maximizer program is one in which the amount of a patient’s out-of-pocket costs is adjusted to reflect the availability of support offered by a manufacturer’s co-pay assistance program. If you are enrolled in a co-pay maximizer program, your Annual Program Maximum may vary over time to ensure the program funds are used for your benefit (for the benefit of the patient). In its sole discretion and with or without notice, Avadel may reduce or eliminate

the co-pay assistance available to patients enrolled in an insurance plan that utilizes a co-pay maximizer program.

- If you learn your health plan has implemented a co-pay maximizer program, you agree to notify the Program immediately. It may be possible that you are unaware whether you are subject to a co-pay maximizer program when you enroll or re-enroll in the Program. Avadel will monitor program utilization data and reserves the right to discontinue assistance under the Program at any time if Avadel determines that you are subject to a co-pay maximizer, or similar program.
- Avadel reserves the right to make eligibility determinations, to set program benefit maximums, to monitor participation, and to change, rescind, revoke, or discontinue the Copay Program at any time without notice.
- The selling, purchasing, trading, or counterfeiting of any benefit provided under the Copay Program is prohibited. This Program offer is non-transferrable.
- Data related to an eligible patient's receipt of Copay Program benefits may be collected, analyzed and shared with Avadel CNS Pharmaceuticals, LLC, and companies working on Avadel's behalf, for market research and other purposes (including helping to verify or coordinate insurance coverage) related to assessing Avadel's Copay Program. Data shared by eligible patients with Avadel will be aggregated and de-identified; it will not identify any individual patient.
- If you have any questions regarding this Copay Program, your eligibility or benefits or if you wish to discontinue your participation, please call 1-844-485-7636.
- These Terms and Conditions are valid for LUMRYZ dispensed between 1/1/2025 and 12/31/2025. **Expiration Date: 12/31/2025.**
- By utilizing the Program, you hereby consent and agree to abide by these terms and conditions. Any individual or entity who enrolls or assists in the enrollment of a patient in the Program represents that the patient meets the eligibility criteria or other requirements described herein. You must meet the Program eligibility requirements every time you use the Program.