

## **NOVO NORDISK PHARMA, INC. Expired Good Return Policy**

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The Novo Nordisk Pharma, Inc. Expired Good Return Policy governs the return of Novo Nordisk Pharma, Inc. product purchased directly from Novo Nordisk Pharma, Inc., product purchased from U.S. territory-based entities licensed to distribute product and third party reverse logistics providers processing returns on behalf of U.S. territory Customer(s).

Novo Nordisk Pharma, Inc. accepts expired good returns and evaluates final reimbursement for all products returned in accordance with the details captured in this policy. Novo Nordisk Pharma, Inc. reserves the right to make the final determination on the valuation of the return.

Novo Nordisk Pharma, Inc. utilizes Inmar as our authorized Reverse Logistics Provider.

### Terms of Return Policy:

- Product must be returned to Inmar for reimbursement consideration. Product that is not returned to Inmar is not eligible for reimbursement.
- Reimbursement consideration begins on the date of product receipt at Inmar; not the date of debit memo creation identified by the customer or customer's reverse logistics provider.
- Credit will be issued on all eligible returns valued at current WAC less 10%; not the value identified by the customer or customer's reverse logistics provider.
- Ineligible items may be returned for proper disposal; however no credit will be issued.
- Eligible partials will be credited for exact quantities returned.
- Transportation charges are pre-paid by Customer.
- For items purchased directly from Novo Nordisk Pharma, Inc., credit will be issued to the direct purchasing entity.
- For items purchased from a wholesaler, credit will be issued to the wholesaler.
  - It is the responsibility of the wholesaler to pass the credit to the customer based on the wholesaler's policy.

### Returnable Items - Eligible for Reimbursement:

- Products in original manufactured containers only.
- Products received at Inmar within six months of expiration or up to six months post expiration. Expiration date is the last day of the month (mm/yyyy - 05/31/2018).
- Partial containers (Penfill® and Prefilled® Syringes only).
- Lot number and expiration date must be visible.
- Proof of purchase supplied and/or verified upon request.

### Returnable Items - NOT Eligible for Reimbursement:

- Product not in original manufactured container.
- Products received at Inmar with more than six months prior to expiration and more than six months beyond the expiration date.
- Partial containers (items not contained in the eligible listing above).
- Products involved in a fire, sacrifice, or bankruptcy sale or which have been subject to improper storage conditions.
- Product which has been defaced (containing prescription labels, stickers, hand writing)
- Product determined to be counterfeit, diverted or obtained through an unauthorized source.
- Product destroyed by entity other than Inmar.
- Product destroyed by customer or by customer's reverse logistics provider, or product donated by Novo Nordisk Pharma, Inc. for authorized program(s).
- Proof of purchase cannot be supplied and/or verified upon request.

### Reimbursement:

- Credit will be issued on all eligible returns valued at current WAC less 10%.
- Novo Nordisk Pharma, Inc. is not responsible for processing fees and/or transportation charges incurred prior to receipt at Inmar.
- Reimbursement will be issued through a credit transaction to the direct purchasing Customer or to the wholesaler associated with the indirect Customer.
- Novo Nordisk Pharma, Inc. reserves the right to modify the reimbursement value where applicable.

Product Launches / Discontinuation / Divestitures:

- Novo Nordisk Pharma, Inc. reserves the right to modify reimbursement eligibility in the event of product launch(s) discontinuation(s) or product divestitures(s). Modifications will be stated in the communication distributed announcing the event.

Procedure for returning product:

Inmar requires a Return Authorization (RA) for all product returned to their facility. Requests for RA's can be made by accessing the Inmar website at <https://returns.healthcare.inmar.com> (you will need to upload a PDF copy of your debit memo) or by emailing your debit memo to [rarequest@inmar.com](mailto:rarequest@inmar.com)

Upon receipt of your box label(s), returns are to be forwarded to the processing facility:

Inmar RX Solutions  
3845 Grand Lakes Way  
Suite 125  
Grand Prairie, TX 75050

Novo Nordisk Pharma, Inc. is not responsible for shipments lost or damaged in-transit.

Return documentation requirements:

All returns must include documentation outlining the information captured below. Product returned without the required information will be destroyed with no reimbursement issued.

Information to be provided includes:

- Returnee Customer name, street address, account #, DEA # and/or HIN # and contact phone #/e-mail address.
- Wholesaler name, street address, account #, DEA # and contact phone #/e-mail address.
- Product Information: Description, NDC#, Quantity, Lot #, expiration date.
- Reimbursement value being requested – both line item and total debit memo value.
- Debit memo number or unique identifier to be clearly identified for reference on the credit document.

Product Recalls:

Communication and handling of product recalls will be distributed as appropriate at the time an event is identified and reported.

Return Exceptions:

Novo Nordisk Pharma, Inc. reserves the right to review exceptions to this policy. Reimbursement considerations are the sole discretion of Novo Nordisk Pharma, Inc.

Information contained in this document can be modified at any time to comply with laws, regulations, rules, etc. with or without advanced notice.

Questions pertaining to this document can be directed to Novo Nordisk Customer Service via email ([NovoNordiskCustomerService@NovoNordisk.com](mailto:NovoNordiskCustomerService@NovoNordisk.com)).

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