

Ascendis Patient Assistance Program (A.P.A.P) for YORVIPATH[®]

***Terms and Conditions apply. Eligibility and Restrictions:**

- By enrolling in the A.P.A.P, you are certifying that you meet the eligibility criteria, will comply with the terms and conditions described herein, and will not seek reimbursement for any benefit received through this program. Eligibility criteria and restrictions, and A.P.A.P details and offerings, may change from time to time at the discretion of Ascendis Pharma. Re-confirmation of information may be requested periodically to ensure accuracy of data and compliance with terms.
- You must be a US citizen or legal resident.
- A.P.A.P is not insurance.
- Your total household income must be at or below 500% of the federal poverty level (FPL). Visit the NeedyMeds website, which lists the current FPL guidelines.
- Both the patient and prescriber must sign and date all submitted documentation to attest to the accuracy of the information.
- You cannot have or qualify for government benefit coverage, including any federal, state, or local program such as Medicare or Medicaid:
 - Exceptions include:
 - Patients who are eligible for Department of Veterans Affairs (VA) prescription benefits or Medicaid must have applied for and been denied enrollment, including exhaustion of all appeals
 - Patients who are Medicare eligible and do not have Medicare Part D coverage or who have applied for and been denied Extra Help/Low Income Subsidy (LIS). To apply for LIS, please contact the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778) or go to ssa.gov/medicare/part-d-extra-help
- Be treated by and have a valid prescription from a healthcare provider licensed in the US or a US territory.
- The Ascendis Patient Assistance Program is intended to provide assistance for patients using the medication for its approved indication(s).
- Continued income and insurance eligibility will be reconfirmed periodically. If you have a change in insurance status or income, you may be deemed no longer eligible for the program. If you were previously denied enrollment in the Ascendis Patient Assistance Program, you may reapply if you experience a change in circumstance impacting your eligibility.
- Ascendis Pharma in its sole discretion can determine your participation in the Ascendis Patient Assistance Program and reserves the right to reassess eligibility for uninsured patients and patients with commercial insurance during the enrollment period.

- Provision of free product under this program is not contingent upon future purchase or prescribing of YORVIPATH. No patient, pharmacy, payer, or other third party may be billed for the free product provided through the Ascendis Patient Assistance Program.
- Patient cannot apply the value of the free product received through the Ascendis Patient Assistance Program toward any insurance benefit out-of-pocket spending calculations.
- If your insurance or employer-sponsored plan requires you to apply for alternate funding, like a manufacturer's assistance program or a copay program, instead of using your regular insurance to cover Ascendis Pharma products, you are not eligible for the PAP program. This also applies if your insurance benefits are denied, delayed, or changed because you're required to go through an alternate funding program first.
- Ascendis Pharma reserves the right to rescind, revoke, or amend the A.P.A.P without notice at any time.