SPECIALTY PRODUCTS SPOILAGE RETURN REQUEST

This policy is designed to ensure that AstraZeneca complies with all applicable federal and state statutes regarding spoilage returns of AstraZeneca Product. This Policy applies only to eligible products manufactured or distributed only by AstraZeneca in the United States. Covered products are listed below and may be updated from time-to-time at AstraZeneca's sole discretion. Eligibility criteria for spoilage returns are as follows:

ELIGIBILITY FOR SPOILAGE RETURN:

Products listed under this **Section A**, are eligible for return and credit where the product satisfies **all** the following requirements:

- The patient has discontinued use or is unable to commence use of the product due to any reason that permanently prevents the patient from commencing or continuing therapy.
- The Buyer certifies that the product cannot otherwise be used for any other patient.
- No portion of the product was administered to the patient and the Buyer has certified they have not obtained or sought reimbursement for the returned product from any source and will not seek reimbursement in the future.
- Product is not within six (6) months of expiration or has previously expired.

OR

- AstraZeneca has authorized the return of a product for reasons other than those listed above, including partial units.

The Distributor may handle the return on behalf of their Buyer provided the Buyer completes the Specialty Products Spoilage Return Request Form below. Products covered under this **Section A** are as follows:

PRODUCTS INCLUDED IN SPECIALTY PRODUCTS SPOILAGE RETURN POLICY	
Provider Administered:	
00310-1730-30	FASENRA INJ 30 MG/1 ML
00310-4500-12	IMFINZI 120 MG/2.4 ML
00310-4611-50	IMFINZI 500 MG/10 ML
00310-4505-25	IMJUDO LIQUID 25MG/1.25ML
00310-4535-30	IMJUDO LIQUID 300MG/15ML
00310-3040-00	SAPHNELO LQD 300MG VI 1X2ML US
00310-1745-01	FASENRA INJ 10 MG/0.5 ML
00310-9420-01	WAINUA INJ 45MG PFS 1X0.8ML US

Products listed under this **Section B**, **Provider Administered Products** are eligible for return for credit to **Buyer through their Distributor** where the product meets **any** of the requirements below:

- Product was reconstituted and not administered to patient due to unforeseen circumstances (e.g., patient missed appointment).
- Product was accidentally damaged.
- Product was not appropriately refrigerated or was frozen.
- Certain product loss due to a "major disaster" with no insurance coverage.

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Products listed under **Exhibit B**, **Patient Administered Products**, where Buyer has or will replace the product to the patient, product is eligible for return for credit to **Buyer through their Distributor** where the product meets any of the requirements below:

- Product sold to and shipped to a patient where the product was subsequently lost or damaged in transit to the patient; or
- certain product loss due to a "major disaster" with no insurance coverage.

PRODUCTS INCLUDED IN SPECIALTY PRODUCTS SPOILAGE RETURN POLICY			
Provider Administered:		**Patient Administered:**	
00310-1730-30	FASENRA INJ 30 MG/1 ML	00310-0482-30	IRESSA TAB 250 MG
00310-0720-10	FASLODEX INJ 250 MG/5 ML	00310-1349-30	TAGRISSO TAB 40 MG
00310-4500-12	IMFINZI 120 MG/2.4 ML	00310-1350-30	TAGRISSO TAB 80 MG
00310-4611-50	IMFINZI 500 MG/10 ML	00310-0679-12	LYNPARZA TAB 150MG 120CT
00310-4505-25	IMJUDO LIQUID 25MG/1.25ML	00310-0679-60	LYNPARZA TAB 150MG 60CT
00310-4535-30	IMJUDO LIQUID 300MG/15ML	00310-0668-12	LYNPARZA TAB 100MG 120CT
00310-3040-00	SAPHNELO LQD 300MG VI 1X2ML US	00310-0668-60	LYNPARZA TAB 100MG 60CT
00310-1745-01	FASENRA INJ 10 MG/0.5 ML	00310-1830-30	FASENRA PEN INJ 30MG AI 1X1ML US
00310-9420-01	WAINUA INJ 45MG PFS 1X0.8ML US	00310-3512-60	CALQUENCE TAB 100MG BT 1X60 EA US
		00310-9500-01	TRUQAP 160MG (64 COUNT BOTTLE)
		00310-9501-01	TRUQAP 200MG (64 COUNT BOTTLE)
		00310-9400-01	WAINUA PEN INJ 45MG/0.8ML AI 1X1ML US
		00310-9500-02	TRUQAP 160MG (64 COUNT BLISTER)
		00310-9501-02	TRUQAP 200MG (64 COUNT BLISTER)
		00310-3080-01	SAPHNELO™ INJ 120mg AI
		00310-3080-02	SAPHNELO™ INJ 120mg PFS
		00310-9501-04	TRUQAP TAB 200MG BL 4X8 EA US
		00310-0075-01	ETCAMAH TAB 75MG BT
		84694-0101-01	ZEGFROVY TAB 150MG BT 1X30 EA
		84694-0102-01	ZEGFROVY TAB 200MG BT 1X30 EA

To request a return for credit for product in compliance with any of the Requirements above, Buyer must complete and return the necessary documentation requested in this **Specialty Products Spoilage Return Request**.

Updated: October 22, 2026

SPECIALTY PRODUCTS SPOILAGE RETURN REQUEST

AstraZeneca makes no guarantee that Buyer compliance with this policy will result in a refund of the purchase price for the product. AstraZeneca further reserves the right to amend or revoke this policy at any time.

Updated: October 22, 2026

SPECIALTY PRODUCTS SPOILAGE RETURN REQUEST

PROCEDURE FOR REQUESTING A REFUND FOR SPOILAGE RETURN:

- Completed Specialty Products Spoilage Return Requests must be sent to AstraZeneca Trade Operations: OrderFulfillment.Wilmington@astrazeneca.com
- Upon receipt, AstraZeneca Trade Operations will determine if the request is in compliance with the Requirements and respond with an approval or denial within three (3) business days.
- If approved, AstraZeneca Trade Operations will provide the Buyer with further instructions for return or destruction of product.
  If request is for a partial unit, AstraZeneca will request that the Buyer sends product for destruction and provide proof of destruction.
- Upon receipt of returned goods or proof of destruction, AstraZeneca will credit the Buyer's Distributor, designating such credit for the benefit of the Buyer's account with the Distributor.
- If denied, AstraZeneca Trade Operations will provide Buyer with formal response outlining the reason for denial.

Updated: October 22, 2026

SPECIALTY PRODUCTS SPOILAGE RETURN REQUEST

TO BE COMPLETED BY HEALTH CARE PROVIDER

PRODUCT INFORMATION:

Product Name: _____ Dosage/Strength: _____ NDC: _____

Lot Number/Expiration Date: _____ QTY: _____

Invoice Number (from Distributor): _____

Current condition of the product: _____

Product **MUST** be destroyed or returned to AstraZeneca in accordance with the instructions provided by AstraZeneca **upon approval of this request**. Product sent directly to AstraZeneca without the appropriate approval paperwork will be destroyed, and no credit given.

PROVIDER INFORMATION:

Practice Name: _____ Contact Name: _____

Practice Street Address: _____ Contact Number: _____

City, State and Zip: _____ Contact Email: _____

DEA/HIN #: _____

DISTRIBUTOR INFORMATION:

This product was acquired through a (check one): ☐ Wholesaler ☐ Specialty Distributor ☐ Specialty Pharmacy

Distributor Name: _____ Account Number: _____

Distributor Street Address: _____

City, State and Zip: _____

Explanation of Circumstances (describe reason for return request):

CREDITS WILL BE ISSUED TO YOUR AUTHORIZED DISTRIBUTOR REFERENCING YOUR CUSTOMER NUMBER WITH YOUR AUTHORIZED DISTRIBUTOR. **NO CREDITS WILL BE ISSUED BY ASTRAZENECA DIRECTLY TO BUYER.**

Updated: October 22, 2026

SPECIALTY PRODUCTS SPOILAGE RETURN REQUEST

HEALTH CARE PROVIDER DECLARATION:

I verify that the information provided on this request is complete and accurate. The Product was rendered unusable for the reason listed above which satisfies one or more of the Specialty Products Spoilage Return Requirements. Additionally, I understand that AstraZeneca reserves the right to conduct periodic audits of the records, excluding patient-identifiable data (unless the auditor enters into an appropriate agreement with the facility to protect an individual's medical privacy), of all entities receiving credit for spoilage returns. I accept that reasonable notice will be granted and audits will be conducted during regular business hours. I represent and warrant that this facility has obtained all applicable authorizations, consents, and notices necessary to comply with all federal and state laws and regulations relating in any way to medical and/or health privacy, including, but not limited to, the HIPAA Privacy Rule, codified at 45 C.F.R. Parts 160 and 164, as amended from time to time. I understand that AstraZeneca reserves the right to modify or revoke this program at any time without notice. I certify that the Product was not provided to my office for a patient enrolled in an AstraZeneca free drug program such as AZ&Me Prescription Savings Program or the Free Limited Supply Program

Health Care Provider Signature:_____Date:_____