Novartis Pharmaceuticals Corporation
One Health Plaza
East Hanover, NJ 07936-1080
Tel 862 778 8300

Novartis reserves the right to change its Return Goods Policy at any time.

DIRECT ACCOUNT RETURN GOODS POLICY

1. Items Returnable for Credit
   Outdated product means within three months prior to expiration as long as it does not meet any criteria outlined in Section 3.
   a) Any product listed in Exhibit A must be returned in the original sealed, saleable carton to be eligible for credit. Novartis Pharmaceuticals Corporation "Novartis" may, in its sole discretion, accept returns for credit for other reasons not falling into the criteria outlined in Section 3.
   b) Any product listed in Exhibit B containing the GlaxoSmithKline (GSK) NDC and label must be returned to GSK according to GSK's return goods policies. GSK's return goods policies can be found on www.gsk-ecs.com or by contacting GSK Channel Customer Service Center at 1-800-877-1158.
   c) Arzerra with the associated lots listed in Exhibit C may be returned any time prior to expiration date for credit. All other policy requirements will apply.

2. Authorization Procedure - All returns must be accompanied by a Return Authorization.
   a) Authorization to return outdated product can only be obtained through the Novartis Customer Connection NCC website at: http://ncc.novartis.com, or by setting up a flat file or EDI 180 with Novartis.
   b) Authorization to return product other than outdated (e.g. in dated product not listed on Exhibit C, damaged goods, etc) can only be issued by Novartis Trade Operations. To obtain a Return Authorization and shipping labels, contact Novartis Trade Operations at 1-800-526-0175.
   c) If you allow the Form 222 to expire and we have to re-issue the form, there will be a charge of $25.00 per each re-issued form deducted from your credit amount.
   d) A copy of the Debit Memo and Return Authorization must be attached to each individual product return.
   e) If product is received without the Debit Memo and Return Authorization, the product may be destroyed without recourse and no credit issued.
   f) Any deduction received as a result of delayed processing due to the following will be treated as an unauthorized deduction:
      - Missing product as a result of multiple shipments of the same Debit Memo/Return Authorization
      - Wrong Debit Memo/Return Authorization attached to the return
      - Debit Memo and Return Authorization not attached to the individual product return
   g) Sales Representatives are not authorized to accept merchandise or to approve the return of merchandise.
   h) Return authorization is issued based upon unconfirmed representations made to Novartis and is not intended to be a guarantee of reimbursement or a basis for relying upon reimbursement.
3. Items Not Returnable for Credit
   a) If purchased on a non-returnable basis (e.g., free goods)
   b) If returned in other than the original Novartis retail trade package
   c) If short-dated product was purchased at special price
   d) If involved in a liquidation
   e) If deteriorated because of characteristics beyond control of manufacturer; e.g., due to improper storage, heat, cold, water, smoke, fire, etc.
   f) If product contains a prescription label

g) If returned more than one (1) year after the expiration date
h) If merchandise is damaged in transit, claim should be taken with carrier
i) Merchandise purchased from a source other than Novartis will be authorized for destruction only
j) No partial containers are accepted from wholesaler direct purchasers
k) If product is sent to another processing facility and destroyed
l) Retail, hospital, long-term care, etc. returns that are batched together
m) If lot number and/or expiration date are not legible
n) If trade packaging contains a quantity greater than the actual package size (overfilled containers)
o) If involved in a bankruptcy sale unless court ordered
p) If divested product is returned to Novartis
q) If non-Novartis Pharmaceutical products (foreign) are returned to Novartis
r) Exhibit A products that are not returned in the original sealed, saleable carton, e.g. loose pre-filled syringes, sensoready pens, loose tablets, blister packs and bottles
s) Partially filled bottles, ampules, ointments and droptainers
t) Product purchased for Clinical Trial or Bioequivalence Study

4. Payment of Transportation Charges
Returns must be shipped prepaid by customer.

5. Processing Fees
Novartis is not responsible for any fees charged by a third party reverse distributor.

6. Basis of Credit
A credit memo will be issued at wholesale acquisition cost (WAC) in effect at the time the last unit of the product was sold for that specific lot number.

7. Special Instructions or Conditions
a) Provide Drug Enforcement Agency (DEA) Registration Number.
b) Each shipment of returned merchandise must be accompanied by a Return Authorization and Debit Memo, supplied by Novartis. Unauthorized returns may be returned to the customer freight collect.
c) NOVARTIS RESERVES THE RIGHT TO DESTROY, WITHOUT RECOURSE, ALL RETURNED PRODUCTS.
d) It is suggested that customers insure all return shipments. Novartis cannot be held responsible for shipments lost in transit.
e) All Novartis product is returnable for destruction, regardless of whether or not it is eligible for credit reimbursement.
f) DEA Form 41 will not be accepted as a basis for credit issuance.

8. Product Recall
a) Instructions for returning recall product will be referenced on the official recall notification at the time of the event.
b) Credit will be issued at the current wholesale acquisition cost or contract price paid.

Product Handling
Reimbursement will be issued based on the following formula:
Total # of units returned X (AHCIL[1]) / (MNUPIL[2]), per NDC number.
Notification to Customers
If direct purchaser is requested to notify its customers of the recall, reimbursement for the customer mailing will be based on the following formula, providing supporting documentation is supplied: Total # of eligible customers X 1st class postage X 4.

Shipping Costs

Actual freights costs incurred will be reimbursed if supporting documentation is provided, unless freight is prepaid by NPC.

[1]AHCIL = Average Handling Cost per Invoice Line ($) set by HDMA Product Recall & Withdrawal Notification Guidelines and is subject to change each calendar year.

[2] MNUPIL = Median Number of Units Picked per Invoiced Line set by HDMA Product Recall & Withdrawal Notification Guidelines and is subject to change each calendar year.

9. Audit Clause

Novartis reserves the right, with proper notification, to enter andinspect your return goods facility or any customer's authorized third party reverse distributor. Customer shall provide access to said facilities. Such audit will be performed at the cost of Novartis. Submission of returns to Novartis shall be deemed acceptance of the terms of this policy, including but not limited to this Section 9.

EXHIBITS

Exhibit A

PRODUCT/PACKAGING INFORMATION				
NDC Number	0078-0639-97	0078-0639-98	0078-0639-68	0078-0639-41
Product Name	Cosentyx (secukinumab)	Cosentyx (secukinumab)	Cosentyx (secukinumab)	Cosentyx (secukinumab)
Package Strength	150 mg/mL Syringe	150 mg/mL Syringe	150-mg/mL Sensoready pen	150-mg/mL Sensoready pen
Package Dose	150 mg Dose	300 mg Dose	150 mg Dose	300 mg Dose
Package Size	1 prefilled syringe	2 prefilled syringes	1 Sensoready pen	2 Sensoready pens
Package Type	Tray/Carton	Tray/Carton	Carton	Carton

NDC Number	0078-0923-61	0078-0916-61	0078-0909-61
Product Name	Kisqali (ribociclib) + Femara (letrozole)	Kisqali (ribociclib) + Femara (letrozole)	Kisqali (ribociclib) + Femara (letrozole)
Package Strength	200mg + 2.5mg tablets	200mg + 2.5mg tablets	200mg + 2.5mg tablets
Package Dose	600 mg Daily Dose	400 mg Daily Dose	200 mg Daily Dose
Package Size	91 tablets	70 tablets	49 tables
Package Type	Box/carton	Box/carton	Box/carton

Exhibit B

Product Name	NDC Number	Package Size	Product Strength
ARRANON® (nelarabine)	0007-4401-06	6 vials x 50 mL	250 mg/50 mL
ARRANON® (nelarabine)	0007-4401-01	1 x 50 mL	250 mg/50 mL
ARZERRA® (ofatumumab)	0173-0821-02	1 vial x 5 mL	100 mg/5 mL
ARZERRA® (ofatumumab)	0173-0821-33	3 vials x 5 mL	100 mg/5 mL
ARZERRA® (ofatumumab)	0173-0821-01	1 vial x 50 mL	1000 mg/50 mL
HYCAMTIN® (topotecan hydrochloride)	0007-4201-01	1 vial	4 mg
HYCAMTIN® (topotecan)	0007-4205-11	10 capsules	0.25 mg
HYCAMTIN® (topotecan)	0007-4207-11	10 capsules	1 mg
MEKINIST® (trametinib)	0173-0848-13	30 tablets	2 mg
MEKINIST® (trametinib)	0173-0849-13	30 tablets	0.5 mg
PROMACTA® (eltrombopag)	0007-4640-13	30 tablets	25 mg
PROMACTA® (eltrombopag)	0007-4641-13	30 tablets	50 mg
PROMACTA® (eltrombopag)	0007-4642-13	30 tablets	75 mg
PROMACTA® (eltrombopag)	0007-4643-13	30 tablets	12.5 mg
TAFINLAR® (dabrafenib)	0173-0846-08	120 capsules	50 mg
TAFINLAR® (dabrafenib)	0173-0847-08	120 capsules	75 mg
TYKERB® (lapatinib)	0173-0752-00	150 tablets	250 mg
VOTRIENT® (pazopanib)	0173-0804-09	120 tablets	200 mg
ZOFRAN ODT® (ondansetron)	0173-0569-00	30 tablets	4 mg
ZOFRAN ODT® (ondansetron)	0173-0570-00	30 tablets	8 mg
ZOFRAN® (ondansetron hydrochloride)	0173-0442-00	1 vial x 20 mL	2 mg/mL
ZOFRAN® (ondansetron hydrochloride)	0173-0446-00	30 tablets	4 mg
ZOFRAN® (ondansetron hydrochloride)	0173-0447-00	30 tablets	8 mg
ZOFRAN® (ondansetron hydrochloride)	0173-0489-00	1 vial x 50 mL	4 mg/5 mL

EXHIBIT C

Product Name	NDC Number	Package Size	Product Strength	Lot Number
ARZERRA® (ofatumumab)	0078-0669-13	3	100MG/5ML	3D8S
ARZERRA® (ofatumumab)	0078-0669-13	3	100MG/5ML	7D5N
ARZERRA® (ofatumumab)	0078-0669-13	3	100MG/5ML	BM7K
ARZERRA® (ofatumumab)	0078-0669-13	3	100MG/5ML	L89J
ARZERRA® (ofatumumab)	0078-0669-13	3	100MG/5ML	WS3X
ARZERRA® (ofatumumab)	0078-0669-13	3	100MG/5ML	FH4T
ARZERRA® (ofatumumab)	0078-0669-61*	1	100MG/5ML	3D8S
ARZERRA® (ofatumumab)	0078-0669-61*	1	100MG/5ML	7D5N
ARZERRA® (ofatumumab)	0078-0669-61*	1	100MG/5ML	BM7K
ARZERRA® (ofatumumab)	0078-0669-61*	1	100MG/5ML	L89J
ARZERRA® (ofatumumab)	0078-0669-61*	1	100MG/5ML	WS3X
ARZERRA® (ofatumumab)	0078-0669-61*	1	100MG/5ML	FH4T
ARZERRA® (ofatumumab)	0078-0690-61	1	1000MG/50ML	FB4X
ARZERRA® (ofatumumab)	0078-0690-61	1	1000MG/50ML	2K2A
ARZERRA® (ofatumumab)	0078-0690-61	1	1000MG/50ML	372W
ARZERRA® (ofatumumab)	0078-0690-61	1	1000MG/50ML	776T

*Inner pack non-saleable product