Introducing the GIAPREZA™ Limited Warranty Program

Program dates: May 1, 2019 - June 30, 2020

About the Limited Warranty Program

- La Jolla Pharmaceutical Company will replace eligible vials of GIAPREZA (angiotensin II) free of charge in the event GIAPREZA does not meet the following clinical measurement: increase in mean arterial pressure (MAP) by 10 mmHg, or reach a MAP of 65 mmHg, within the first three hours of initiation.

Eligibility

- To be eligible for the Limited Warranty Program, GIAPREZA must be administered in the inpatient setting in the United States between May 1, 2019 and June 30, 2020 to an adult treated for septic or other distributive shock. At the time of initiation of GIAPREZA, the patient received no more than 0.46 mcg/kg/min of norepinephrine equivalent vasopressor(s).

- GIAPREZA was administered for an FDA-approved indication, in accordance with the GIAPREZA prescribing information;

- To make a claim for replacement, you must complete and submit the GIAPREZA Limited Warranty Program Return Form within thirty (30) days from the date on which GIAPREZA was administered.

GIAPREZA™
(angiotensin II)
injection for intravenous infusion

See reverse side for Program Terms and Conditions and full Prescribing Information.

Program Terms & Conditions*

- This Limited Warranty Program shall only apply to vials purchased by an inpatient hospital facility ("Hospital") from an authorized distributor for GIAPREZA ("Authorized Distributor"). For our current list of Authorized Distributors, please visit GIAPREZA.com/order-reimbursement.

- To submit a claim seeking Replacement Product (defined below), an authorized representative of Hospital must submit the GIAPREZA Limited Warranty Program Return Form to La Jolla Pharmaceutical Company within thirty (30) days from the date on which GIAPREZA was administered.

- In order to be eligible for Limited Warranty Program, Hospital must certify the following:
  - GIAPREZA was administered in a United States inpatient hospital between May 1, 2019 and June 30, 2020 in adults being treated for septic or other distributive shock.
  - GIAPREZA was administered for an FDA-approved indication, in accordance with the GIAPREZA prescribing information.
  - At the time of initiation of GIAPREZA, the patient received no more than 0.46 mcg/kg/min of norepinephrine equivalent vasopressor(s).
  - The patient did not meet the following clinical measurement: increase in mean arterial pressure (MAP) by 10 mmHg, or reach a MAP of 65 mmHg, within the first three hours of GIAPREZA initiation.
  - The healthcare provider overseeing treatment was, at all times, responsible for determining whether a specific treatment, including the administration of GIAPREZA, was medically necessary and clinically appropriate.
  - Hospital will not bill the patient, insurer, or any third party for the free Replacement Product received under the GIAPREZA Limited Warranty Program.
  - Hospital has complied with all other Terms and Conditions of the GIAPREZA Limited Warranty Program.

- Eligibility of the Limited Warranty Program is not contingent on the institution's volume of purchases, formulary commitment, or any other requirement tied to the volume or value of referrals generated between La Jolla Pharmaceutical Company and Hospital.

- La Jolla Pharmaceutical Company may extend, shorten, or modify the term of the Limited Warranty Program at its sole discretion.

Visit **GIAPREZA.com/Warranty** to learn more

Please see the accompanying full Prescribing Information.

*Please see full terms and conditions at giapreza.com/warranty