

CELLTRION USA, INC. PRODUCT REPLACEMENT FORM



INSTRUCTIONS: Please complete this form and submit all required documentation to:
productreplacement_usa@celltrionhc.com.

Date of Request:

The Celltrion Product Replacement Program allows Customers of Celltrion USA Inc., which include Healthcare Providers (HCPs) and Healthcare Organizations (HCOs), to receive a Product Replacement for certain products if all eligibility criteria are met (see Product Replacement Program Terms and Conditions below).

List product to be replaced, including quantity, lot numbers, and any other specific product information:

Product Name Product Size Product Expiration Date
Lot Number NDC Number

Provide a detailed explanation of how the product loss occurred, including the date, duration, and impact of the occurrence:

Office Contact Name Phone Number Email
Administering Physician's Name Physician State License Number Physician NPI
Healthcare Provider Address

Are photographs included?
☐ Yes ☐ No

Is there a redundant system in place to store product according to the product label (e.g. backup generator, temperature monitor)?
☐ Yes ☐ No

Was any portion of the spoiled product administered?
☐ Yes ☐ No

Please indicate days on which the Physician's office is unable to accept replacement product delivery:

Does insurance policy coverage exist for replacement?
☐ Yes ☐ No

Has an insurance claim or bill been submitted to any payer or patient for the replacement request?
☐ Yes ☐ No

Was the spoilage beyond the control of the HCP?
☐ Yes ☐ No

Celltrion may seek additional information, including, without limitation: proof of destruction, proof of purchase, and photographs of the spoiled product, and Celltrion USA will not ship replacements if the product was prepared for an off-label indication or if the product has been administered. Additionally, Celltrion USA has the right to discontinue or modify its replacement program at any time.

I attest that I have not, and that I will not receive any payment or insurance reimbursement for any Celltrion Product Replacement quantities. I acknowledge that this Product Replacement quantity must be returned if payment is recognized at any time in the future.

Office Contact (Name): Date:
Office Contact Signature:
Physician Signature: Date:



TO BE COMPLETED BY CELLTRION USA INC.

Celltrion USA departments reviewing this request (check all that apply):

☐ Field Reimbursement Manager
☐ Market Access

☐ Legal and Compliance
☐ Supply Chain

Other (Please describe):

Additional information needed by Celltrion for this request:



TO BE COMPLETED BY CELLTRION USA'S FIELD REIMBURSEMENT MANAGER (FRM)

I, (FRM), hereby attest that I: (1) performed a complete and thorough review pertaining to this request, (2) certify that this request complies with Celltrion USA CP-054 Procedure on Product Replacement, and (3) believe that, based on this review, a Product Replacement ☐ is or ☐ is not warranted.

Name (Print) Signature Title Date

PRODUCT REPLACEMENT PROGRAM ELIGIBILITY AND TERMS AND CONDITIONS

To be eligible for a Celltrion Product Replacement, this form must be filled out in its entirety by a Healthcare Provider (HCP) or a Healthcare Organization (HCO) representative. All eligibility criteria and terms and conditions must be satisfied to qualify for a Product Replacement. Celltrion reserves the right to modify these requirements, terms, and conditions, and to discontinue this program. In determining whether to issue a Product Replacement, Celltrion adheres to the following eligibility criteria, terms, and conditions:

Celltrion will not ship replacement products if the original product was prepared for an off-label indication. Additionally, Celltrion will only ship replacement products to licensed HCPs or HCOs who purchase the product directly from Celltrion or products are provided by Celltrion directly to an HCP or HCO. Celltrion will not replace products if any portion of the product has been administered. Celltrion may require pictures, purchase invoices, or other documentation. Celltrion will not replace a product that was previously designated as "nonreturnable," nor will it replace a product that was otherwise adulterated, misbranded, or counterfeit, as determined by Celltrion in its sole discretion. Celltrion will also not replace a product that has expired or been repackaged. Moreover, Celltrion will not replace a product that was purchased for research or clinical trials, or one that was shipped as a no-cost item. HCPs and HCOs are prohibited from billing the patient for any of Celltrion's products replaced under this program. This program is monitored for trends and excessive use by Celltrion. Celltrion strives toward answering these requests within thirty (30) days and will notify the HCP or HCO of its decision. All questions about a Product Replacement should be directed to Celltrion at: productreplacement_usa@celltrionhc.com.

Celltrion product and service names mentioned are the respective trademarks of Celltrion Inc. and Celltrion Holdings, Co., Ltd., used under license by Celltrion USA, Inc.

© Celltrion USA, Inc. 2025 US--25-00007 05/25

