

To receive your complimentary samples of
FETZIMA® (levomilnacipran extended-release capsules)
complete this form and fax it to:

1.877.477.1258



Visit ALLERGANACCESS.com to view Allergan savings programs and brand support resources. No login required.

Your shipment of professional samples may only be sent to your office address.

Please Note: In compliance with the Prescription Drug Marketing Act, incomplete request forms cannot be processed and samples will not be forwarded.

Practitioner/Physician name	Professional designation (check one)	
Phone number	Email address	
Address (Samples will not be issued or delivered to a PO Box; please provide your office address.)		
City	State	ZIP code
State license number	Expiration date	

Product request: (Please Check) 5 Patient Sample Packs	Product description: FETZIMA® (levomilnacipran extended-release capsules) 1 week Patient Sample Pack (each pack includes [two] 20 mg capsules and [five] 40 mg capsules)	NDC #: 0456-2200-07
Resource request: 1 Order	Resource description: FETZIMA® Savings Card (each package contains 5 cards)	Code: FTZ142087

By signing and returning this form, I acknowledge that I am currently licensed with the appropriate state and federal authorities to receive this product and would like AbbVie to provide me with complimentary samples of the above items.

For Ohio Prescribers: To lawfully possess and distribute drug samples, Ohio law requires that prescribers or their practices hold a valid Terminal Distributor of Dangerous Drugs (TDDD) license or satisfy an exemption to the requirements. A TDDD license allows a business entity to purchase and possess prescription drugs, including samples, at a specific address for distribution to patients. More information regarding Ohio's TDDD requirements and applicable exemptions is available from the Ohio Board of Pharmacy, including a guidance document titled Terminal Distributor Licensing of Prescriber Practices (www.pharmacy.ohio.gov/PrescriberTDDD). By signing below, I certify that: (1) I reviewed and acknowledge the Ohio Board of Pharmacy information regarding requirements to maintain a TDDD license; and (2) I or my practice (as applicable) may lawfully obtain, possess, and distribute the product(s) requested, and possess a valid TDDD license or satisfy an exemption to the TDDD license requirements.

Practitioner/Physician signature	Date
----------------------------------	------

I requested the Rx items indicated for the legitimate medical needs of my patients and may not charge my patients or third party provider, including Medicare or Medicaid, for these items. Sample shipments are made subject to product availability and regulated by state and federal law. Samples are not for sale. AbbVie reserves the right to decline requests for samples from practitioners whose medical practice and/or patient population is deemed inconsistent with the approved product indication(s). Samples manufactured by: Forest Laboratories Ireland Limited. Distributed by J Knipper and Company, Inc.

Please see full Prescribing Information, including Boxed Warning, available at www.fetzimahcp.com

Please refer to the Privacy Statement at <https://www.abbvie.com/privacy.html>



FETZIMA® and its design are registered trademarks of Pierre Fabre Medicament S.A.S.
Licensed from Pierre Fabre Medicament.
© 2021 AbbVie. All rights reserved.

FTZ144537 02/21 33997001