

To receive your complimentary samples of
SAPHRIS® (asenapine)
complete this form and fax it to:

1.877.477.1258

Saphris® (asenapine)
sublingual tablets 2.5 mg • 5 mg • 10 mg

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	MD DO NP PA	
Phone number	Professional designation (circle one)	
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	

Qty Requested: (Please Check)	Item Description:	Item Code
<input type="checkbox"/> 5 boxes	SAPHRIS® (asenapine) Tablets 2.5 mg tablets (each box contains 10 [ten] 2.5 mg tablets)	NDC 0456240210 Manufacturer: Catalent Authorized sample distributor: J. Knipper and Company, Inc.
<input type="checkbox"/> 5 boxes	SAPHRIS® (asenapine) Tablets 10 mg tablets (each box contains 10 [ten] 10 mg tablets)	NDC 0456241010 Manufacturer: Catalent Authorized sample distributor: J. Knipper and Company, Inc.

By signing this form I request the drug samples listed herein and certify that I am a licensed practitioner currently authorized under applicable federal and state law to request, receive, and dispense these drug samples. I also certify that I have requested these samples for the legitimate medical needs of my patients. I understand that the sale or offer to sell a drug sample is a federal offense. I certify that I will not seek payment from any patient or third-party payor for these drug samples and I will not sell, resell, trade, barter, return for credit, or seek reimbursement for any drug sample.

Allergan 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).

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 _____

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

Please refer to the Allergan Privacy Statement at <https://www.allergan.com/privacy-and-terms> and the California Privacy Policy at <https://www.allergan.com/privacy-and-terms/ccpa>



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