

Sample Request Fax Form



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

VIBERZI Sample Order Fulfillment
FAX #: 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 as listed on your DEA license.

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

				MD	DO	NP	PA
Practitioner name (as it appears on DEA license)				Professional designation (Circle one)			
Phone number		Fax number					
Address (Samples will not be issued or delivered to a PO Box; please provide your office address as it appears on DEA license.)							

City	State	Zip code
Product request		
Product description		
NDC		
(Please check)		
<input type="checkbox"/> VIBERZI (eluxadoline) 5 boxes	75 mg tablets (each box contains 8 [eight] 75 mg tablets)	61874-075-08 Manufacturer: Patheon Pharmaceuticals, Inc. Authorized sample distributor: J. Knipper and Company, Inc.
<input type="checkbox"/> VIBERZI (eluxadoline) 5 boxes	100 mg tablets (each box contains 8 [eight] 100 mg tablets)	61874-100-08 Manufacturer: Patheon Pharmaceuticals, Inc. Authorized sample distributor: J. Knipper and Company, Inc.

Note: These controlled substance products are subject to the requirements of the Drug Enforcement Administration (21 CFR Part 1300 to END).

By signing this form I request the drug samples listed herein and certify that my DEA number is valid, and that I am a licensed practitioner currently authorized under applicable federal and state law and any collaborative agreement, if applicable, 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).

Practitioner/Physician signature (stamp signatures are not acceptable)	Date
State license number	Expiration date
DEA license number	Expiration date



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