

**Sample Request Requirements**

**SEND TO:** Mylan Specialty L.P., Attn: Customer Relations  
**FAX #:** 1-304-285-6418  
**EMAIL:** CR.Sampling@mylan.com

**NO.**

Healthcare Professional (HCP) Sample Request Form for:

**YUPELRI® (revefenacin) inhalation solution 175 mcg, 7 unit-dose vials**  
**NDC: 49502-806-87**

*Manufactured for Mylan Specialty L.P.*

Mylan Pharmaceuticals Inc. USE ONLY							
Processed by:	Date:						
Order #							
Prescriber #							
Rejected by:	Date:						
Reason:							
Sales Rep:	Date:						
Signature:							
Territory Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							

**Please circle requested quantity: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 cartons**

Healthcare Professional's Name \_\_\_\_\_  
Please Print (First Name) (Middle Initial) (Last Name)

Professional Designation: ☐ MD ☐ DO ☐ PA ☐ NP HCP's State License #: \_\_\_\_\_ State: 

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NPI #: \_\_\_\_\_

Address (no PO Box #): \_\_\_\_\_

City: \_\_\_\_\_ State: 

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 Zip: 

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Note: Shipments will only be made to a registered state license address. For Ohio HCPs, the address must match the TDDD license.

Phone: 

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 Fax: 

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I certify, by signing below, that I am a licensed practitioner authorized by state and federal law to prescribe, request and receive these drug samples. I am requesting these samples for the medical needs of my patients and will not sell, purchase, trade, barter, return for credit, or offer to do so, or seek reimbursement for these samples.

HCP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(HCP must sign and date. Stamped signature not accepted.)

**MANDATORY SUBSECTION FOR ALL OHIO HCPs**

Under Ohio law, Mylan Specialty L.P., which holds a wholesale distributor license may only provide drug samples to prescriber's whose practice is licensed as a Terminal Distributor of Dangerous Drugs ("TDDD") or is exempt from such licensure under Ohio Revised Code ("ORC") § 4729.541. A TDDD license allows a business entity, including prescriber practices, to receive, purchase, and possess prescription drugs and controlled substances, including drug samples, for distribution to patients. Not all prescriber practices, however, are required to obtain a TDDD license. For example, subject to certain exceptions, an individual prescriber doing business as a sole proprietor (not incorporated in any manner) or a practice that is a corporation, limited liability company, or professional association where a prescriber is the sole shareholder and is authorized to provide the professional services being offered by the practice are exempt from obtaining a TDDD license. For a complete list of exemptions, please refer to section 4729.541 of the ORC. For more information on TDDD licensing requirements for prescribers, please visit the Ohio Board of Pharmacy website at [www.pharmacy.ohio.gov/PrescriberTDDD](http://www.pharmacy.ohio.gov/PrescriberTDDD). The above information is being provided for your convenience and is not offered as, nor should it be construed as, legal advice.

Please select and complete one of the following:

☐ The practice at which I work, [insert name] \_\_\_\_\_, located at the address I provided above, has an active TDDD license that allows me to receive and store the requested samples at this location. The TDDD license number is \_\_\_\_\_ and expires on \_\_\_\_\_.

OR

☐ The practice at which I work, [insert name] \_\_\_\_\_, located at the address I provided above, is subject to one of the TDDD licensing exemptions in ORC § 4729.541.

By signing below, I warrant that the information provided above is complete and accurate and attest that I can receive and store the requested samples at the address I provided because I hold an unrestricted, active TDDD license or my practice is exempt from obtaining a TDDD license under ORC § 4729.541.

HCP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(HCP must sign and date. Stamped signature not accepted.)

In compliance with the "Prescription Drug Marketing Act", ONLY valid, COMPLETED, SIGNED, and DATED Sample Requests will be processed. In addition, Healthcare Professional or authorized designee must sign, date, and fax Acknowledgement of Contents form to Mylan Specialty L.P. upon delivery of sample shipment.

This sample request form is only valid until 6/30/2020. Expired forms will not be processed.



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