octapharma
For the safe and optimal use of human proteins

OCTAPHARMA WILATE BRIDGE TRIAL VOUCHER

wilate BRIDGE

The Octapharma Wilate Bridge Program
9801 Washington Blvd, 9th Floor
Gaithersburg, MD 20878
Tel: 800-554-4440
Fax: 800-554-6744

Prescriber: _____
HTCRN/Contact: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____

PRESCRIBER:

Please fill out form completely with your patient and **fax this form, along with the following items to Covance at 800-554-6744:**

1. **a valid prescription for Wilate®,** von Willebrand Factor/Coagulation Factor VIII Complex (Human) for the patient indicated below; **and**
2. a completed Patient Authorization form in the form attached, executed by the patient.

This trial voucher may be redeemed for a trial supply of Wilate® 500 IU vials or 1000 IU vials, not to exceed a total of 5,000 IUs, as prescribed. The trial supply will be shipped to the patient at the address below, and not to a healthcare provider office. If the patient signature box below is not complete, or if patient authorization is not executed, they will not be eligible for the trial voucher.

PROGRAM REQUIREMENTS:

- The Octapharma Wilate Bridge Trial Voucher is for a maximum of one trial shipment per patient's lifetime.
- It is illegal for any person to sell, purchase, or trade; or to offer to sell, purchase, or trade or to counterfeit an Wilate® Trial Voucher
- A Wilate® Trial Voucher is valid only for product to be dispensed by pharmacy designated by Covance up to the limits above. Program eligibility does not require any additional prescription(s) or refills to be filled by a pharmacy designated by Covance.
- A Wilate® Trial Voucher must be accompanied by a valid prescription for Wilate®.
- No purchase required.
- Product dispensed pursuant to the terms of the Wilate® Trial Voucher shall not be billed to any patient or third-party payer, public (e.g. Medicaid, Medicare or any other similar federal or state healthcare program) or private.
- Not valid if reproduced.
- Offer good only in the United States.
- Offer cannot be combined with any other free trial, coupon, rebate or similar offer.
- OCTAPHARMA reserves the right to rescind, revoke or amend this program without notice.
- A Wilate® Trial Voucher is valid for Wilate only – No substitutions permitted.
- A Wilate® Trial Voucher is good for one fill only and refills will not be authorized with a Wilate® Trial Voucher.
- Void where prohibited by law.
- THIS IS NOT INSURANCE.

To Be Completed by Licensed Prescriber:

I have read and agree to the terms and conditions of the Wilate Bridge Trial Voucher Program. In submitting this form, I request that Wilate® trial product be shipped to my patient listed below, and I agree that I will not seek payment from any entity for such product.

Prescriber Signature:_____

DID YOU RECEIVE THIS FAX BY MISTAKE?

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To Be Completed by Patient or Patient's Authorized Representative:

Patient Legal Name: _____ **Birth date:** _____

Address where you can receive packages: _____

_____

☐ **Male** ☐ **Female**

City/State/Zip: _____

Phone: _____

Preferred Language: English ____ **Spanish** ____ **Other** _____

I have read and agree to the terms and conditions of the Wilate Bridge Trial Voucher Program. In submitting this form, I request that Wilate® trial product be shipped to me at the address above, and I agree that I will not be reimbursed by any third party for the trial product. I also understand that the trial product will be dispensed by pharmacy designated by Covance, but that I am free to use other pharmacies for future dispensing that is not under the Wilate Bridge Trial Voucher Program or for other prescription(s).
By using this trial voucher, patient certifies that the patient will comply with any applicable terms of their health insurance contract.

Patient (or authorized representative) Signature:_____

Print name:_____

If authorized representative, relationship to patient: _____

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