octapharma

NUWIQ®
Antihemophilic Factor
(Recombinant)

Free Trial Request Form

PRESCRIBER INSTRUCTIONS:
Please review and fill out this form in its entirety. This free trial may be redeemed for a one-time trial supply of NUWIQ for up to 6 doses not to exceed 20,000 IU as prescribed for your patient. The trial supply will be shipped to the patient at the address provided on this form.

If you have questions, please contact the **Factor My Way Support Center** at 1-855-498-4260. Hours of operation are Monday - Friday from 8:30am - 5:00pm EDT.

In order for the free trial request to be fulfilled, you must fax the following to LabCorp at 1-800-554-6744:

- A valid prescription for NUWIQ (Antihemophilic Factor [Recombinant]) for the patient indicated below; *and*
- A fully completed **NUWIQ Free Trial Request Form** with both physician and patient/guardian signatures

PRESCRIBER INFORMATION:

Prescriber Name _____ Facility Name _____

Prescriber Address _____ City _____ State _____ Zip _____

State License _____

Phone ( ) _____ Fax # ( ) _____

NPI # _____

Office Contact Name _____ Email _____
(used to confirm shipment of product)

PATIENT INFORMATION:

Name _____ Contact Phone ( ) _____

Patient Address _____ City _____ State _____ Zip _____

Date of Birth _____ Email _____

Language Preference: ☐ English ☐ Spanish ☐ Other _____

Current Therapy _____

PRESCRIPTION INFORMATION:

NUWIQ Antihemophilic Factor (Recombinant)

Available Vial Sizes (250 IU, 500 IU, 1000 IU, 1500 IU, 2000 IU, 2500 IU, 3000 IU, or 4000 IU)

Patient Weight ☐ KG _____ ☐ LB _____

Dose IU/kg _____ Total IU required for one dose of NUWIQ _____

Additional Prescriber Instructions:

CLEAR FORM

octapharma

NUWIQ®
Antihemophilic Factor
(Recombinant)

Free Trial Request Form

PROGRAM REQUIREMENTS:
The Octapharma **NUWIQ Free Trial Program** 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 a **NUWIQ Free Trial** offer. The **NUWIQ Free Trial Program** is valid only for product to be dispensed by a pharmacy designated by Covance up to the limits above. Program eligibility does not require any future purchases or orders for NUWIQ and does not require any additional prescription(s) or refills to be filled. Product dispensed pursuant to the terms of the **NUWIQ Free Trial Program** shall not be billed to any patient or third-party payer, public (eg, Medicaid, Medicare, or any other similar federal or state healthcare program) or private. Offer good only in the United States and 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. The **NUWIQ Free Trial Program** is valid for NUWIQ only—no substitutions permitted. The **NUWIQ Free Trial Program** is good for one fill only and refills will not be authorized. 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 **NUWIQ Free Trial Program**. In submitting this form, I request that **NUWIQ Free Trial** product be shipped to my office, and I agree that I will not seek payment from any person or entity for such product. I attest that I have obtained the patient's affirmative authorization to release the above information as may be necessary to Octapharma. If patient is younger than 18 years, I attest that I have obtained authorization from the patient's legal guardian.

Prescriber Signature: _____ Date: _____

The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in delay.

PATIENT CONSENT AND HIPAA AUTHORIZATION:
LabCorp is operating the **Octapharma NUWIQ Free Trial Program** and providing services on behalf of Octapharma, in accordance with all applicable HIPAA requirements. I authorize LabCorp to contact my healthcare provider, in order to release and disclose to such parties all relevant medical records, insurance, and third-party payor information, and to send my NUWIQ (Antihemophilic Factor [Recombinant]) prescription, via mail, fax, or other mode of delivery, to the specialty pharmacy designated by LabCorp in order to facilitate dispensing of NUWIQ to me. I also authorize my healthcare provider to release and disclose to LabCorp such health information as is necessary to fulfill the above listed purposes. I understand that once information is disclosed it may no longer be protected by federal health information privacy laws and it is possible it may be redisclosed.

☐ I understand that I need to enroll into the Factor My Way program to be eligible for the **NUWIQ Free Trial Program**.

Register at www.factorymyway.com or by calling the Factor My Way Support Center at 1-855-498-4260.

Patient Name: _____

Patient Signature: _____

Parent/Guardian (If patient is under 18 years of age): _____

Date: _____

Please fax this 2-page enrollment form and a prescription when completed to LabCorp at 1-800-554-6744

CLEAR FORM

Date of preparation: 12/2022. NUW-0685-POT

INDICATIONS AND USAGE

NUWIQ is a recombinant antihemophilic factor [coagulation factor VIII (Factor VIII)] indicated in adults and children with Hemophilia A for on-demand treatment and control of bleeding episodes, perioperative management of bleeding, and routine prophylaxis to reduce the frequency of bleeding episodes. NUWIQ is not indicated for the treatment of von Willebrand Disease.

IMPORTANT SAFETY INFORMATION

Contraindications

NUWIQ is contraindicated in patients who have manifested life-threatening hypersensitivity reactions, including anaphylaxis, to the product or its components.

Warnings and Precautions

Hypersensitivity reactions, including anaphylaxis, are possible with NUWIQ. Early signs of hypersensitivity reactions that can progress to anaphylaxis may include angioedema, chest tightness, dyspnea, wheezing, urticaria, or pruritus. Immediately discontinue administration and initiate appropriate treatment if hypersensitivity reactions occur.

The formation of neutralizing antibodies (inhibitors) to Factor VIII can occur following the administration of NUWIQ. Monitor all patients for the development of Factor VIII inhibitors by appropriate clinical observations and laboratory tests. If the plasma Factor VIII level fails to increase as expected, or if bleeding is not controlled after NUWIQ administration, suspect the presence of an inhibitor (neutralizing antibody).

Adverse Reactions

The most frequently occurring adverse reactions (>5%) in clinical trials were upper respiratory tract infection, headache, fever, cough, lower respiratory tract infection, rhinitis, chills, abdominal pain, arthralgia, anemia, and pharyngitis.

Please see accompanying full Prescribing Information for NUWIQ.

Date of preparation: 12/2022. NUW-0685-POT