

ALIQOPA™ (COPANLISIB) SPOILAGE REPLACEMENT REQUEST FORM

Please read instructions carefully before completing the form:

This form may only be used if the healthcare provider is requesting an exception to the Aliqopa returns policy. Exceptions will only be approved for one vial per patient. Submitting a request is not a guarantee of approval. Bayer reserves the right to limit, modify or discontinue the ARC™ program or Aliqopa returns policy (including allowance for exceptions) at any time. If you have any questions, please call ARC at **833-ALIQOPA** (833-254-7672) and select option 1 to speak with an Access Counselor. Access Counselors are available from 9:00 AM to 7:00 PM ET (M-F).

In order for your request to be considered, follow the steps below:

- Complete and submit form via mail or fax to the ARC program:
Aliqopa Resource Connections
PO Box 220694
Charlotte, NC 28222
Fax: **833-4ARCFAX** (833-427-2329)
- Submit a copy of proof of purchase with this form

HealthCare Provider to Complete Sections Below:

Prescriber Information:

Prescriber's Name: _____ Prescriber NPI #: _____
Facility Name (where product was shipped): _____
Facility Address: _____
City: _____ State: _____ Zip: _____
Office Contact Name: _____ Phone: (____) _____ Fax: (____) _____

Patient Information:

Patient Name: _____ Patient DOB: ____/____/____
Patient Address: _____ City: _____ State: _____ Zip: _____

Product Information:

Was the Aliqopa vial reconstituted? Select one: Yes No
Was Aliqopa administered in part or in whole to the patient? Select one: Yes No
Reason for return exception request: _____

Order Information:

Specialty Distributor (where product was purchased from): _____
Specialty Distributor Address: _____
City: _____ State: _____ Zip: _____
Account #: _____ Invoice #: _____ PO #: _____
Date of Purchase: ____/____/____ Batch: _____

Prescriber Attestation

I certify the information provided above is accurate to the best of my knowledge and hereby attest that the Aliqopa vial at issue: (i) has been reconstituted but not administered to any patient; (ii) will be appropriately discarded pursuant to OSHA requirements and not administered to any future patient; and (iii) will not be billed in whole or part to any third-party payer or resold or offered for sale, trade, or barter.

Prescriber Signature: _____ Date: ____/____/____

CONFIDENTIALITY NOTICE. The materials in this transmission are private and may contain Protected Health Information. If you are not the intended recipient be advised that any unauthorized use, disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately return it to the sender and delete or destroy it without reading it.



©2017 Bayer. All rights reserved.

Bayer, the Bayer Cross, Aliqopa, and ARC are registered trademarks of Bayer.

PP-860-US-0332 7/17