

SAMPLE UNIT ORDER FORM

Experience

Gablofen® (baclofen injection)

Please complete this form, sign, and fax to 800.325.3688 for processing

Date _____ Date Needed _____

Customer Number _____



Shipping Information

Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Contact Name _____

Purchase Order Number _____

E-Mail Address _____

Standard Delivery is 2-day

Check for faster delivery; extra charge will apply

State license on file Yes Faxing Mailing

Billing Information

Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____

E-Mail Address _____

Gablofen® (baclofen injection) Prefilled Syringe

Product Name	Type	NDC #	QTY	PRICE
Gablofen 500 mcg/mL (10,000 mcg/20 mL)	Prefilled syringe	45945-155-01		\$0.00
Gablofen 1,000 mcg/mL (20,000 mcg/20 mL)	Prefilled syringe	45945-156-01		\$0.00
Gablofen 2,000 mcg/mL (40,000/20 mL)	Prefilled syringe	45945-157-01		\$0.00



Gablofen® (baclofen injection) Vials

Product Name	Type	NDC #	QTY	PRICE
Gablofen 500 mcg/mL (10,000 mcg/20 mL)	Ready-to-use-vial	45945-155-02		\$0.00
Gablofen 1,000 mcg/mL (20,000 mcg/20 mL)	Ready-to-use-vial	45945-156-02		\$0.00
Gablofen 2,000 mcg/mL (40,000/20 mL)	Ready-to-use-vial	45945-157-02		\$0.00



Gablofen® (baclofen injection) Screening Dose

Product Name	Type	NDC #	QTY	PRICE
Gablofen 50 mcg/mL (50 mcg/1 mL)	Screening Dose	45945-151-01		\$0.00



By signing this form, I certify that I am a licensed practitioner eligible to receive the above selected drug samples, as required under the Prescription Drug Marketing Act. I further certify that I am eligible to prescribe, request and dispense the above listed drug samples in the state where I am licensed and that my collaborative agreement and/or formulary, if applicable, permits me to do the same. I acknowledge that the above listed drug samples cannot be sold, traded, bartered or returned for credit.

Contact Information

Customer Service Email: MIT-CS@Mallinckrodt.com
 Customer Service Phone: 800.591.5551
 Customer Service Fax: 800.325.3688

Reimbursement

Customers seeking reimbursement from Medicare, Medicaid, or any other federal or state program may be required to disclose on cost report forms any discount from Mallinckrodt Pharmaceuticals.

Customer Signature _____

SEE REVERSE SIDE FOR GABLOFEN BOXED WARNING.



IMPORTANT RISK INFORMATION

WARNING: DO NOT DISCONTINUE ABRUPTLY

Abrupt discontinuation of intrathecal baclofen, regardless of the cause, has resulted in sequelae that include high fever, altered mental status, exaggerated rebound spasticity, and muscle rigidity, that in rare cases has advanced to rhabdomyolysis, multiple organ-system failure and death.

Prevention of abrupt discontinuation of intrathecal baclofen requires careful attention to programming and monitoring of the infusion system, refill scheduling and procedures, and pump alarms. Patients and caregivers should be advised of the importance of keeping scheduled refill visits and should be educated on the early symptoms of baclofen withdrawal. Special attention should be given to patients at apparent risk (e.g. spinal cord injuries at T-6 or above communication difficulties, history of withdrawal symptoms from oral or intrathecal baclofen). Consult the technical manual of the implantable infusion system for additional post-implant clinician and patient information.

Order quantities are subject to approval by Mallinckrodt Pharmaceuticals.

The product offered to customer to evaluate this product, as set forth in this offer, has been given free, and no third-party payor should be charged for such product. To the extent that this free goods offering may constitute a discount off the net effective purchase price of any product the customer subsequently purchases, the customer may have an obligation to report such discount to any third-party payer on any cost reimbursement form submitted to the payor. This includes payers such as a state or the federal government under Medicare, Medicaid, or any other similar government program, or a private payer like an HMO, PPO, or other health plan.

For more information, contact:

- Customer Service: 800.591.5551
- www.gablofen.com