

**CERTIFICATION FORM:  
EpiPen® (epinephrine injection) Auto-Injector EpiPen4Schools®  
Program**

The school and/or school district identified below (the "School") hereby acknowledges and agrees that the EpiPen® (epinephrine injection) Auto-Injectors School Discount Program made available by Mylan Specialty L.P. ("Mylan Specialty") to the School is because it is a school and is conditioned upon the undersigned making this certification to Mylan Specialty.

The School represents and warrants to Mylan Specialty that:

- (i) all of the information provided in this certification is true, complete and accurate;
- (ii) the School will only receive/purchase EpiPen® (epinephrine injection) 0.3mg and EpiPen Jr® (epinephrine injection) 0.15mg Auto-Injectors in accordance with all applicable laws for use by the School, and the School has presented a valid prescription for the product;
- (iii) the School is an entity whose primary purpose is education for students in grades K through 12 that is licensed as an educational facility under all applicable laws;
- (iv) the School shall make best efforts to provide appropriate product training to any School personnel who may administer an EpiPen® or EpiPen Jr® Auto-Injector;
- (v) the person signing this certification on behalf of the School has the requisite authority to make this certification on behalf of the School identified below;
- (vi) the School hereby certifies that it will not in the next twelve (12) months purchase any products that are competitive products to EpiPen® Auto-Injectors;
- (vii) the School shall only purchase EpiPen® Auto-Injectors for its own use and the School shall not sell or transfer any EpiPen® Auto-Injectors purchased at the discounted price to a non-school third party, unless the prior written approval of Mylan Specialty, in its sole discretion, is obtained;
- (viii) any transfer of any quantity of EpiPen® Auto-Injectors purchased at the discounted price available to the School in violation of this certification will be considered a breach of this certification allowing Mylan Specialty to prohibit the School from purchasing EpiPen® Auto-Injectors at the discounted price available to schools; and
- (ix) the School agrees to Mylan Specialty's use of the School's name for promotional purposes.

**To order EpiPen 2-Pak® and EpiPen Jr 2-Pak® cartons at a discounted price,  
please fill out and submit the order form below:**

<b>EpiPen® Auto-Injector Cartons at Discounted Price</b>	<b>Quantity (2-Pak Cartons) Ordered*</b>	<b>Discounted Price Per Carton (One Carton = 2 Auto-Injectors)</b>	<b>Total</b>
EpiPen 2-Pak®		\$112.10	
EpiPen Jr 2-Pak®		\$112.10	
<b>Total Quantity Ordered*</b>		\$112.10	

Please check if you would like to receive periodic updates about this program or EpiPen® Auto-Injector.

*\*Please note there are two auto-injectors per EpiPen 2-Pak® or EpiPen Jr 2-Pak®. Example: If you wish to order 2 EpiPen® Auto-Injectors and 2 EpiPen Jr® Auto-Injectors, put the number 1 in the Quantity Ordered box next to EpiPen 2-Pak® and 1 in the Quantity Ordered box next to EpiPen Jr 2-Pak®. If you wish to order 4 EpiPen Jr® Auto-Injectors, put the number 2 in the Quantity Ordered box next to EpiPen Jr 2-Pak® and 0 (zero) in the Quantity Ordered box next to EpiPen 2-Pak®.*

**† ORDERING FOR MULTIPLE SCHOOLS:** *If you are ordering for multiple schools within a single school district, you may order unlimited two 2-Pak® cartons per school. For example, if you are ordering two EpiPen Jr 2-Pak® cartons for each of 10 schools, you should enter 20 in the Quantity Ordered column next to EpiPen Jr 2-Pak® cartons.*

If the terms and conditions provided in this certification are amended, modified or altered in any way, it will be considered null and void.

School/School District Name:
School Address:
City/State/Zip:

School Phone:	
Authorized School Signatory Name:	
Authorized School Signatory Title:	
Authorized School Signatory Email:	
Signature:	Date:

**Please fax the completed Certification Form and a copy of a valid EpiPen® Auto-Injector prescription for the total number of EpiPen® Auto-Injectors ordered to BioRidge Pharma, LLC**

**Attn: Kristina Paich  
 Fax: 973-718-4328 or email/scan to: [info@bioridgepharma.com](mailto:info@bioridgepharma.com)  
 Phone: 973-845-7600**

**Indications**

EpiPen® (epinephrine injection) 0.3 mg and EpiPen Jr® (epinephrine injection) 0.15 mg Auto-Injectors are for the emergency treatment of life-threatening allergic reactions (anaphylaxis) caused by allergens, exercise, or unknown triggers; and for people who are at increased risk for these reactions. EpiPen® and EpiPen Jr® are intended for immediate administration as emergency supportive therapy only. Seek immediate emergency medical help right away.

**Important Safety Information**

EpiPen® and EpiPen Jr® Auto-Injectors contain a single dose of epinephrine, which you (or your caregiver or others who may be in a position to administer EpiPen® or EpiPen Jr®) inject into the middle of your outer thigh (upper leg) (through clothing, if necessary). Get emergency medical help right away. You may need further medical attention. Only a health care professional should give additional doses of epinephrine if you need more than two injections for a single anaphylactic episode. **DO NOT INJECT INTO YOUR VEINS, BUTTOCKS, FINGERS, TOES, HANDS OR FEET.** In case of accidental injection, please seek immediate medical treatment. Epinephrine should be used with caution if you have heart disease or are taking certain medicines that can cause heart-related (cardiac) symptoms.

Tell your doctor if you have certain medical conditions such as asthma, depression, thyroid disease, Parkinson’s disease, diabetes, high blood pressure or heart disease, have any other medical conditions, are pregnant or plan to become pregnant, or are breastfeeding or plan to breastfeed. Be sure to also tell your doctor all the medicines you take, especially medicines for asthma. **If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have longer lasting side effects when you use EpiPen® or EpiPen Jr®.**

The most common side effects may include increase in heart rate, stronger or irregular heartbeat, sweating, nausea or vomiting, difficulty breathing, paleness, dizziness, weakness, shakiness, headache, apprehension, nervousness or anxiety. These side effects may go away if you rest. **Tell your health care professional if you have any side effect that bothers you or that does not go away.**

Please see the full [Prescribing Information and Patient Information](#).

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

For additional information, please contact us at 800-395-3376.

EpiPen®, EpiPen Jr®, EpiPen 2-Pak® and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty L.P. *EpiPen4Schools®* is a registered trademark of Mylan Inc.

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