

**OPSUMIT VOUCHER PROGRAM REQUEST FORM**

**Fax to 1-866-279-0669**

**1 fax from you.**

**30-day free trial for your eligible patients.**

To request enrollment in the **OPSUMIT® (macitentan) Voucher Program**, fax the completed form or include required information on the fax cover sheet, along with the **completed OPSUMIT Patient Enrollment and Consent Form** to **1-866-279-0669**.

For any questions, contact *Actelion Pathways™* at 1-866-228-3546.

Office Information: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Number of Patient Requests: \_\_\_\_\_

I acknowledge that I have educated my patient(s) on the Terms and Conditions of the **OPSUMIT Voucher Program**. The following patient(s) are interested in receiving the 30-day free trial of OPSUMIT.

  
**Opsumit**  
macitentan tablets 10 mg

*Please see Terms and Conditions on next page.*

*Please read [full Prescribing Information](#), including **BOXED WARNING** for embryo-fetal toxicity.*

**Please educate your patients on the following:  
OPSUMIT® (macitentan) Voucher Program Terms and Conditions**

- **The voucher is only effective for the first 30-day supply of OPSUMIT and must be redeemed at the time of enrollment**
- This offer is non-transferable. No substitutions are permitted. This offer and the free 30-day supply of OPSUMIT may not be sold, purchased, transferred, or traded
- This offer may not be combined with any other rebate/coupon, free trial, prescription savings card, or other similar offer
- Free trial offer is valid only for up to one 30-day supply of OPSUMIT. No prior or future purchase is necessary. This offer is not conditional on any past, present, or future purchase, including refills of OPSUMIT or any other product
- **The voucher is not insurance**
- You must be 18 years of age or older to redeem this voucher
- Patient, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the recipient through this offer. The free trial supply of OPSUMIT cannot be used toward any out-of-pocket costs under any plan (such as true out-of-pocket expense [TrOOP] for Medicare Part D plans)
- The voucher can be used only by eligible residents of the United States or the Commonwealth of Puerto Rico. Product must originate in the United States or the Commonwealth of Puerto Rico
- The voucher is the property of Actelion and must be turned in on request
- **It is illegal to sell, purchase, trade, or counterfeit or offer to sell, purchase, trade, or counterfeit the voucher. Void if reproduced. Void where prohibited by law, taxed, or restricted**
- Actelion reserves the right to rescind, revoke, or amend this offer at any time without notice
- Data related to your redemption of the voucher may be collected, analyzed, and shared with Actelion for market research and other purposes related to assessing voucher programs. Data shared with Actelion will be aggregated and de-identified, meaning it will be combined with data related to other voucher redemptions and will not identify you
- If applicable, patient is responsible for any taxes or costs associated with shipment of OPSUMIT per this offer
- By enrolling in the voucher program and accepting a 30-day free supply, you agree to follow these requirements
- **Please read the [Medication Guide](#), which includes an Important Warning about Serious Birth Defects. Also read [full Prescribing Information](#)**
- Expiration date: December 31, 2015

**Please read [full Prescribing Information](#), including **BOXED WARNING** for embryo-fetal toxicity.**

