CERTIFICATION FORM:
Authorized Generic for EpiPen® (epinephrine injection, USP) Auto-Injector
Authorized Generic for *EpiPen4Schools*® Replenishment Offer

Mylan will replenish your school's supply of Authorized Generic for EpiPen® or Authorized Generic for EpiPen Jr® (epinephrine injection, USP) Auto-Injectors prior to your annual eligibility date at no additional cost, provided that your school used the Authorized Generic for *EpiPen4Schools*® free product to treat a life-threatening allergic reaction (anaphylaxis) in your school.

First, please complete all of the fields below.

School Name/District Name:
School Address:
City/State/Zip:
School Phone:
School Contact Name:
School Contact Email:
What was the date of the anaphylactic event? MM/DD/YYYY
Where did the anaphylactic event occur? • Class room • Cafeteria • Playground • Gym • Other
What was the suspected cause of the anaphylactic event? • Food • Bee sting • Latex • Medication • Other
Did the person who experienced anaphylaxis have a known life-threatening allergy? • Yes • No
Was the person who experienced anaphylaxis a: • Student • Staff member • Visitor • Other
Was an Authorized Generic for EpiPen® or Authorized Generic for EpiPen Jr® Auto-Injector administered to treat the anaphylactic event? • Authorized Generic for EpiPen® Auto-Injector • Authorized Generic for EpiPen Jr® Auto-Injector
Was more than one Authorized Generic for EpiPen® or Authorized Generic for EpiPen Jr® Auto-Injector administered to treat the anaphylactic event? • Yes • No
Who administered the Authorized Generic for EpiPen® or Authorized Generic for EpiPen Jr® Auto-Injector to the person experiencing anaphylaxis (please do not name people directly)? • School Nurse • Student • Staff member • Visitor
Was 911 or emergency medical services called? • Yes • No

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Did the person who experienced anaphylaxis receive emergency medical care? • Yes • No
Was the person who experienced anaphylaxis taken to the hospital? • Yes • No
How were the Authorized Generic for EpiPen® or Authorized Generic for EpiPen Jr® Auto-Injectors disposed?
If school policies permit, would you be willing to speak with us about the event? • Yes • No

☐ I confirm that the Authorized Generic for EpiPen® or Authorized Generic for EpiPen Jr® Auto-Injector used in the anaphylactic event described above was received through the Authorized Generic for *EpiPen4Schools*® program.

☐ I certify that the information above is true and accurate.

Signature: **Date:**

Important Safety Information

Use Epinephrine Injection, USP 0.3 mg or Epinephrine Injection, USP 0.15 mg Auto-Injectors right away when you have an allergic emergency (anaphylaxis). **Get emergency medical help right away**. You may need further medical attention. Only a healthcare professional should give additional doses of epinephrine if you need more than two injections for a single anaphylactic episode. Epinephrine Injection, USP Auto-Injector should **only** be injected into the middle of your outer thigh (upper leg), through clothing if necessary. Do not inject into your veins, buttocks, fingers, toes, hands or feet. Hold the leg of young children firmly in place before and during injection to prevent injuries. In case of accidental injection, please seek immediate medical treatment.

Rarely, patients who have used Epinephrine Injection, USP Auto-Injector may develop an infection at the injection site within a few days. Some of these infections can be serious. Call your healthcare professional right away if you have any of the following at an injection site: redness that does not go away, swelling, tenderness, or the area feels warm to the touch.

Tell your healthcare professional about all of your medical conditions, especially if you have asthma, a history of depression, thyroid problems, Parkinson's disease, diabetes, high blood pressure or heart problems, 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 healthcare professional 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 Epinephrine Injection, USP Auto-Injector.**

Common side effects include fast, irregular or "pounding" heartbeat, sweating, nausea or vomiting, breathing problems, paleness, dizziness, weakness, shakiness, headache, feelings of over excitement, nervousness or anxiety. These side effects usually go away quickly if you lie down and rest. **Tell your healthcare professional if you have any side effect that bothers you or that does not go away**.

Indications

Epinephrine Injection, USP 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. Epinephrine Injection, USP Auto-Injectors are intended for immediate administration as emergency supportive therapy only. Seek immediate emergency medical help right away.

Please see the full Prescribing Information and Patient Information.

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

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.