pancreaze® (pancrelipase) DELAYED-RELEASE CAPSULES | pancreaze engage

EASY RX ENROLLMENT PROCESS

Full-service pharmacy support for your PANCREAZE patients

TotalCareRX

VIVUS is committed to offering a broad range of services dedicated to maximizing the outcomes of the Exocrine Pancreatic Insufficiency (EPI) patients you treat. **We are pleased to partner with Total Care Rx to offer medication prior authorization support, patient adherence, and home delivery services.** Your PANCREAZE patients will benefit from the following:

Personalized services for your patients

- **Verification of health insurance** coverage
- **Prior authorization** assistance
- **Financial and co-pay** assistance coordination

- **FREE home delivery** of your patients' prescription
- Refill reminders
- **Full-service pharmacy** for your patients' prescription needs

A Total Care Rx Enrollment Form is included on page 3

See reverse for Important Safety Information and how the pharmacy service works.

How it works

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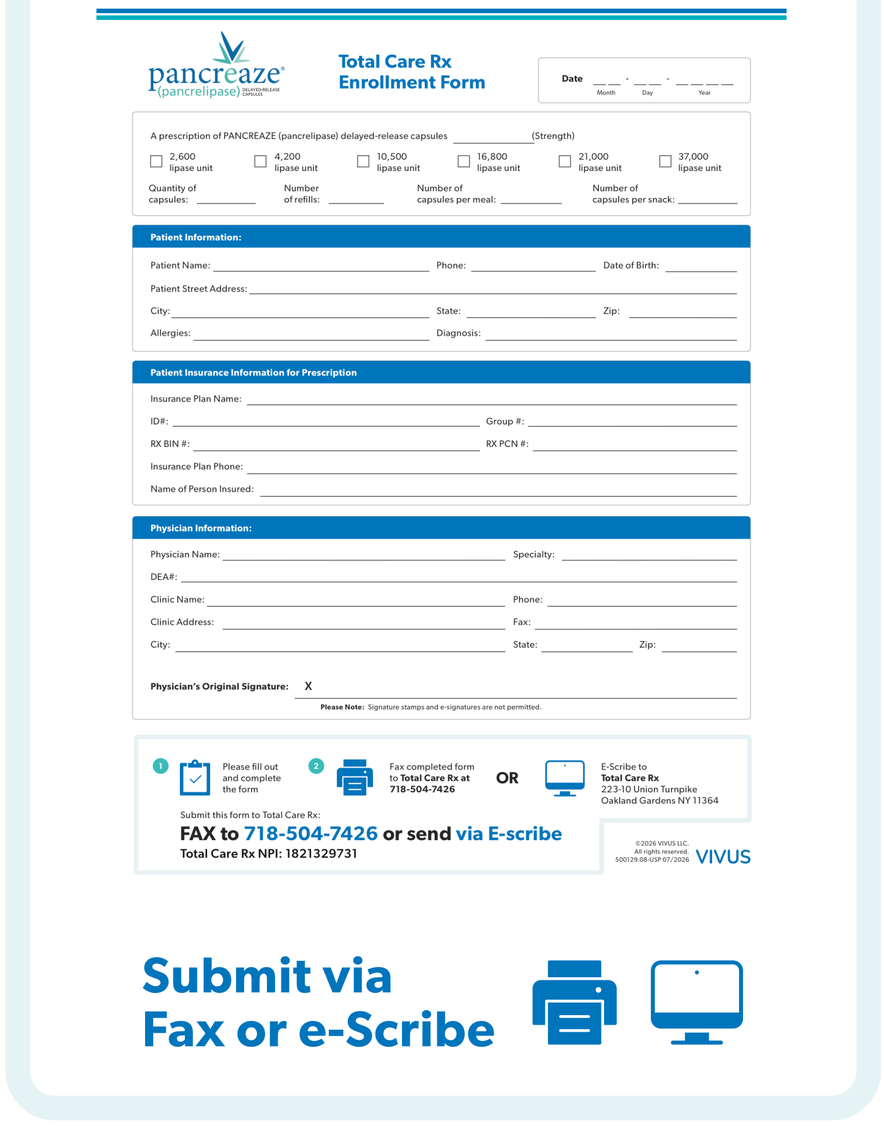
Our commercial partnership with Total Care Rx offers your PANCREAZE patients a wide variety of personalized services and FREE home delivery.

1 After completing and signing the enrollment form, you can either **fax or e-scribe to Total Care Rx.**

2 **Total Care Rx will work with your patients' insurance company to assist with prior authorization requirements. They will contact your patients directly to finalize co-pay and shipping information.**

3 Once the prescription is approved and the patient's address is confirmed, medication will be **delivered or shipped to their home within 24 hours.**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Total Care Rx Enrollment Form

Date __ __ - __ __ - __ __ __ __ (Month - Day - Year)

A prescription of PANCREAZE (pancrelipase) delayed-release capsules _____ (Strength)

☐ 2,600 lipase unit ☐ 4,200 lipase unit ☐ 10,500 lipase unit ☐ 16,800 lipase unit ☐ 21,000 lipase unit ☐ 37,000 lipase unit

Quantity of capsules: _____ Number of refills: _____ Number of capsules per meal: _____ Number of capsules per snack: _____

Patient Information:

Patient Name: _____ Phone: _____ Date of Birth: _____

Patient Street Address: _____

City: _____ State: _____ Zip: _____

Allergies: _____ Diagnosis: _____

Patient Insurance Information for Prescription

Insurance Plan Name: _____

ID#: _____ Group #: _____

RX BIN #: _____ RX PCN #: _____

Insurance Plan Phone: _____

Name of Person Insured: _____

Physician Information:

Physician Name: _____ Specialty: _____

DEA#: _____

Clinic Name: _____ Phone: _____

Clinic Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Physician's Original Signature: X _____

Please Note: Signature stamps and e-signatures are not permitted.

1 Please fill out and complete the form

2 Fax completed form to **Total Care Rx at 718-504-7426**

OR

E-Scribe to **Total Care Rx** 223-10 Union Turnpike Oakland Gardens NY 11364

Submit this form to Total Care Rx:

FAX to 718-504-7426 or send via E-scribe

Total Care Rx NPI: 1821329731

VIVUS

Submit via Fax or e-Scribe

A Total Care Rx Enrollment Form is included on the following page.

Additional services and resources can be found on the PANCREAZE HCP website.

HCP.PANCREAZE.com

Indication

PANCREAZE is indicated for the treatment of exocrine pancreatic insufficiency in adult and pediatric patients.

Important Safety Information

Fibrosing Colonopathy: Associated with high doses, usually over prolonged use and in pediatric patients with cystic fibrosis. Colonic stricture reported in pediatric patients less than 12 years of age with dosages exceeding 6,000 lipase units/kg/meal. Monitor during treatment for progression of preexisting disease. Do not exceed the recommended dosage, unless clinically indicated.

Hyperuricemia has been reported with high dosages; consider monitoring blood uric acid levels in patients with gout, renal impairment, or hyperuricemia.

Irritation of the oral mucosa may occur due to loss of protective enteric coating on the capsule contents.

The presence of porcine viruses that might infect humans cannot be definitely excluded.

Monitor patients with known reactions to proteins of porcine origin. If symptoms occur, initiate appropriate medical management; consider the risks and benefits of continued treatment.

The most common side effects of PANCREAZE include blurred vision, abdominal pain, flatulence, constipation, nausea, pruritus, asymptomatic elevations of liver enzymes, myalgia, muscle spasm, urticaria and rash.

Please read the accompanying PANCREAZE Medication Guide and Full Prescribing Information.

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Patient Information:

Patient Name: _____ Phone: _____ Date of Birth: _____

Patient Street Address: _____

City: _____ State: _____ Zip: _____

Allergies: _____ Diagnosis: _____

Patient Insurance Information for Prescription

Insurance Plan Name: _____

ID#: _____ Group #: _____

RX BIN #: _____ RX PCN #: _____

Insurance Plan Phone: _____

Name of Person Insured: _____

Physician Information:

Physician Name: _____ Specialty: _____

DEA#: _____

Clinic Name: _____ Phone: _____

Clinic Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Physician's Original Signature: X _____

Please Note: Signature stamps and e-signatures are not permitted.

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