

NUTRITION DIRECT™ HOME DELIVERY ENROLLMENT FORM

Instructions: Please complete and fax this form to 855-828-1492. If you have any questions, please contact ProCare PharmacyCare at 855-828-1488.

① PATIENT INFORMATION — to be completed by patient

Patient Last Name		Patient First Name		Patient MI	Date
Delivery Address		City	State	ZIP	Apt#
Phone (Home)			Phone (Cell)		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth (mm/dd/yyyy)		EMAIL	
Allergies		Medical Conditions		Prescription Drug Insurer	
Member ID#	Group ID#	Rx BIN#	Rx PCN#		

By signing and checking the checkbox below, I certify and acknowledge: (i) this request is made voluntarily; (ii) the information I provide above is correct; (iii) ProCare PharmacyCare ("ProCare") may contact me by email, phone call, or text to convey information relating to the fulfillment of my prescription; (iv) if my commercial insurance covers NASCOBAL® and my out-of-pocket copay due after applying manufacturer's coupon is \$0, ProCare may ship only my first order without contacting me further (offer not valid for patients using Medicare Part D benefits); (v) I may need to contact ProCare to obtain subsequent refills; (vi) ProCare may, at ProCare's sole discretion, transfer my prescription to an external partner pharmacy for fulfillment; (vii) I may cancel any and all authorization provided here by contacting ProCare at any time at (855) 828-1488; and (viii) if not cancelled, all authorizations will expire five years from the date of this form.

☐ (Optional) I would like to receive Rx patient enrollment and refill reminder text messages at the number provided. 6 msg/month. Reply HELP for help and STOP to stop. For Terms of Service, visit ND.ProCareRx.com/mt and for Privacy Policy, visit ProCareRx.com/privacy. Message and data rates may apply.

Patient Signature: _____ Date: _____

② PRESCRIBER AND PRESCRIPTION INFORMATION — to be completed by prescriber, -or- attach your office prescription to the lower half of this form, -or- ePrescribe to ProCare PharmacyCare Miramar, FL 33025



NASCOBAL® NASAL SPRAY

500 mcg/spray

1 spray, 1 nostril, 1x a week

Disp #1 pack containing 4 single-use nasal spray devices

BariActiv® SUPPLEMENTS*

[Once-daily Multivitamin, with or without Iron; Calcium + D₃ and Magnesium (BID)]

Please select one option under chewables **or** tablets/capsules:

Chewables

- ☐ Once-daily Multivitamin;
Calcium + D₃ and Magnesium (BID)
- ☐ Once-daily Multivitamin (with Iron);
Calcium + D₃ and Magnesium (BID)

Tablets/Capsules

- ☐ Once-daily Multivitamin;
Calcium + D₃ and Magnesium (BID)
- ☐ Once-daily Multivitamin (with Iron);
Calcium + D₃ and Magnesium (BID)

*If changes are necessary, please clarify in 'Notes to Pharmacy' section.

Refills: 12 ☐ 30-day supply ☐ 90-day supply

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Notes to Pharmacy		
Prescriber Name		
NPI#	Office Contact Name	
Prescriber Phone	Prescriber Fax	
Prescriber Address		
City	State	ZIP
PRESCRIBER SIGNATURE		DATE

③ PRESCRIBER — fax completed form to 855-828-1492

The Nutrition Direct™ Program (NDP) may contact prescriber's office to receive a valid ePrescription as required by state regulations. The prescriber is aware that the NDP may: (1) verify the patient's Rx coverage and benefits; (2) initiate prior authorizations; and (3) forward NASCOBAL® prescription to NDP pharmacy network, or the patient's pharmacy of choice, for purposes of dispensing medication to the patient.

Please see Important Safety Information for NASCOBAL® on next page.
[Click for full Prescribing Information.](#)

NASCOBAL®
(Cyanocobalamin, USP) Nasal Spray

AFTER BARIATRIC SURGERY— INTEGRATED NUTRITIONAL SUPPORT

ELIGIBLE PATIENTS MAY PAY AS LITTLE AS

\$0

PER MONTH* TO RECEIVE VITAMINS AND MINERALS
THAT MEET ASMBS NUTRITIONAL GUIDELINES†
WHY PAY MORE?



*Patients may redeem this offer ONLY when accompanied by a valid prescription. Offer is valid up to a maximum benefit of \$150. Offer is not valid for patients whose prescriptions are reimbursed in whole or in part under Medicaid, Medicare, Medigap, VA, DoD, TRICARE, or any other federal or state programs (such as medical assistance programs) or where otherwise prohibited by law. Offer is not valid in VT or where prohibited in whole or in part. This offer may be amended or ended at any time without notice.

†ASMBS Integrated Health Nutritional Guidelines for the Surgical Weight Loss Patient — 2016 Update: Micronutrients.

ASMBS: American Society for Metabolic and Bariatric Surgery.

INDICATION

- Treatment of adult patients with dietary, drug-induced, or malabsorption-related vitamin B₁₂ deficiency not due to pernicious anemia

Limitations of Use

- NASCOBAL® should not be used for the vitamin B₁₂ absorption test (Schilling test).
- In patients with correctible or temporary causes of vitamin B₁₂ deficiency, the benefit of continued long-term use of NASCOBAL® following adequate correction of vitamin B₁₂ deficiency and underlying disease has not been established.
- The effectiveness of NASCOBAL® in patients with active symptoms of nasal congestion, allergic rhinitis or upper respiratory infection has not been determined. Treatment with NASCOBAL® should be deferred until symptoms have subsided.

IMPORTANT SAFETY INFORMATION FOR NASCOBAL® NASAL SPRAY

NASCOBAL® is contraindicated in patients with sensitivity to cobalt, vitamin B₁₂, or any component of the medication. Anaphylactic shock and death have been reported with parenteral forms of vitamin B₁₂. Consider administering an intradermal test dose of parenteral vitamin B₁₂ to patients suspected of cyanocobalamin hypersensitivity prior to starting NASCOBAL®.

Patients with Leber's disease who were treated with vitamin B₁₂ suffered severe and swift optic atrophy. NASCOBAL® is not recommended for use in patients with Leber's optic atrophy.

Doses of vitamin B₁₂ exceeding 10 mcg daily may produce hematologic response in patients with folate-deficient megaloblastic anemia, and may therefore mask a previously unrecognized folate deficiency. NASCOBAL® is not a substitute for folic acid. Assess both vitamin B₁₂ and folate levels prior to initiating therapy with NASCOBAL®.

Hypokalemia, thrombocytosis and sudden death may occur in severe megaloblastic anemia which is treated intensely with vitamin B₁₂. Serum potassium levels and platelet count should be monitored.

Treatment with vitamin B₁₂ may unmask signs of polycythemia vera. Patients exhibiting clinical or hematologic response consistent with polycythemia vera should be referred for further evaluation.

Hematocrit, reticulocyte count, vitamin B₁₂, folate and iron levels should be obtained prior to treatment. Consider the potential for concomitant drugs to interfere with vitamin B₁₂ and folate diagnostic blood assays. Vitamin B₁₂ and peripheral blood counts must be monitored initially at one month after the start of treatment, and then at intervals of 3 to 6 months. If a patient is not properly maintained with NASCOBAL®, consider alternative therapy.

If NASCOBAL® is used concomitantly with chloramphenicol, monitor for reduced efficacy and, if needed, consider an alternative therapy.

The limited available data on NASCOBAL® in pregnant women are insufficient to inform a drug-associated risk of adverse developmental outcomes.

The most common adverse reactions (≥4%) were infection, headache, glossitis, paresthesia, asthenia, nausea and rhinitis.

Click for full Prescribing Information.

NASCOBAL®
(Cyanocobalamin, USP) Nasal Spray

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pharmaceuticals
an endo international company

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NS-05705/April 2022 www.nascobal.com 1-800-462-ENDO (3636)