

NASCOBAL BARIATRIC SUPPLEMENT SYSTEM HOME DELIVERY PROGRAM

**A vitamin supplement system for weight loss surgery patients
\$25/month or less, delivered right to their door***

Each one-month system contains the following products:

- Nascobal (Cyanocobalamin, USP) Nasal Spray
- BariActiv Multivitamin
- BariActiv Calcium + D₃ & Magnesium
- BariActiv Iron + Vitamin C

Enrollment in the program also includes:

- Free shipping & handling
- Auto-refill service
- Insurance support services when required
- Important product information



IMPORTANT SAFETY INFORMATION

Nascobal (Cyanocobalamin, USP) Nasal Spray is indicated for the maintenance of normal hematological status in pernicious anemia patients who are in remission following intramuscular vitamin B₁₂ therapy and who have no nervous system involvement. Patients with pernicious anemia should be instructed that they will require weekly administration of Nascobal for the rest of their lives. Nascobal Nasal Spray is also indicated as a supplement for other vitamin B₁₂ deficiencies. Nascobal Nasal Spray is contraindicated in patients with sensitivity to cobalt and/or vitamin B₁₂ or any component of the medication. If a patient is not properly maintained with Nascobal Nasal Spray, intramuscular vitamin B₁₂ is necessary. Vitamin B₁₂ concentrations must be monitored. Patients with early Leber's disease (hereditary optic nerve atrophy) who were treated with vitamin B₁₂ suffered severe and swift optic nerve atrophy. Vitamin B₁₂ deficiency may suppress the signs of polycythemia vera. Treatment with vitamin B₁₂ may unmask this condition. Hypokalemia and sudden death may occur in severe megaloblastic anemia which is treated intensely with vitamin B₁₂. Side effects thought to be related to Nascobal are usually mild and include headache, nausea, and rhinitis.

Please see complete Prescribing Information

The PRESCRIBER FAX FORM is not for use where prohibited.

*Patients redeem their savings ONLY when accompanied by a valid prescription. Offer is valid for costs exceeding \$25 to a maximum benefit of \$100. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state programs (such as medical assistance programs). Offer is not valid in VT or where prohibited. The parties reserve the right to amend or end this program at any time without notice.

NASCOBAL BARIATRIC SUPPLEMENT SYSTEM - HOME DELIVERY PROGRAM - PRESCRIBER FAX FORM
FAX to: (855) 828-1492 Phone: (855) 828-1488

① PATIENT INFORMATION — to be completed by patient

Patient Last Name		Patient First Name		MI
Delivery Address				Apt #
City		State	ZIP	
Phone		Email (optional)		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last 4 Digits of SS# (to verify insurance info)	Date of Birth (mm/dd/yyyy)		
Rx Insurance Provider		Member ID#	Group ID#	
Rx BIN#		Rx PCN#		

— PLEASE ASK PRESCRIBER TO ATTACH COPY OF THE FRONT AND BACK OF Rx INSURANCE CARD —

Credit/Debit Cardholder Name	Credit/Debit Card Number (to collect copay)	Security Code	Expiration (mm/yyyy)
	_____	_____	_____
CARDHOLDER SIGNATURE			Date

Delivery is included at no charge. Most prescription orders arrive in 2 days from the date your completed order is received. If clarification of your order is required, delivery may take longer. Most patients with commercial insurance will pay no more than \$25/month*. Visa, MasterCard, AMEX and Discover are accepted. For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance. By supplying my credit card number, I authorize ProCare PharmacyCare to maintain my credit card on file as payment method for any future charges of \$25/month or less to maintain my prescription as ordered by my prescriber. To modify payment information, ProCare PharmacyCare can be contacted at any time at (855) 828-1488. By providing your email address you are granting ProCare PharmacyCare permission to contact you via email regarding your prescription.

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

Health care information is personal and sensitive information. This communication and any attachments are intended solely for the use of ProCare PharmacyCare and contain confidential and legally privileged information. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you received this communication in error, please notify ProCare PharmacyCare by FAX or phone immediately.



NASCOBAL® NASAL SPRAY

One Spray. One Nostril. Once a Week.
 500 mcg/spray 1.3 mL

BARIACTIV™ SUPPLEMENTS

- Multivitamin Calcium + D₃ & Magnesium Iron + Vitamin C

Refills 12

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