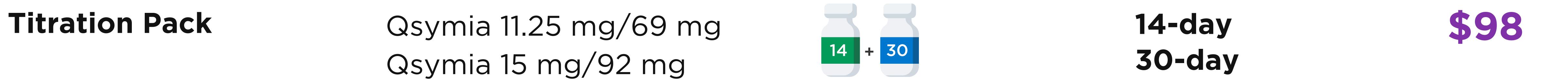
Osymia ® (phentermine and topiramate extended-release capsules)@		Prescription Fax Fo (844) 678-8444	rm Now \$98 \$98 bricing Across All Doses*	
Product	Medication Offered	Supply	Price	
New Patient Pack	Qsymia 3.75 mg/23 mg Qsymia 7.5 mg/46 mg	14 + 30 14-day 30-day	\$98	
Strength	Qsymia 3.75 mg/23 mg Qsymia 7.5 mg/46 mg Qsymia 11.25 mg/69 mg Qsymia 15 mg/92 mg	14 30 14 30 (Up to 90-day		



* Doses include 6-week New Patient Packs, 6-week Titration Packs and all 30-day prescriptions. For cash patients only. Insurance claims will not be processed. Additional shipping and handling costs will apply. There is a limit of one New Patient Pack and one Titration Pack per patient for the duration of the program.

Please fill out the following fields along with the embedded prescription for each dose prescribed for Qsymia. Please submit prescriptions according to your specific state laws and regulations.

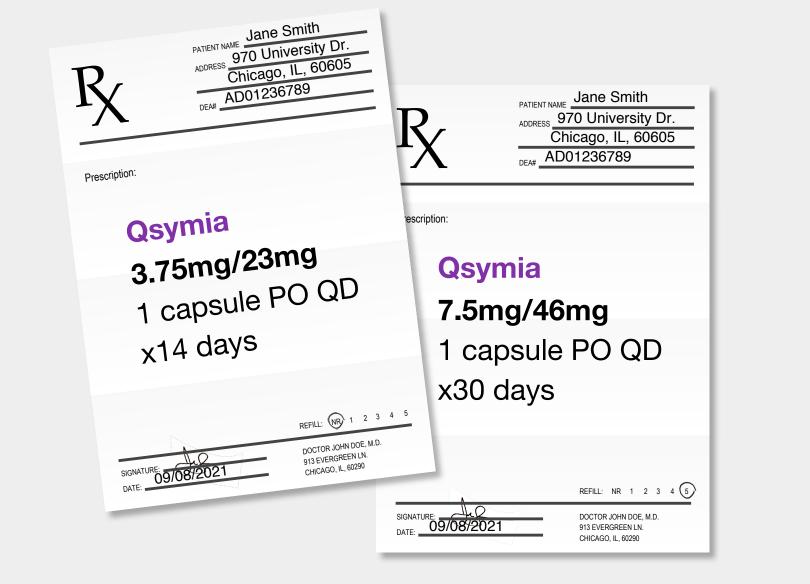
1	Licensed HCP:		NPI:	_
	DEA:	Phone:		
	Address:			
	City:	State:	ZIP:	

Emai	
ГПАП	

PO

PATIENT NAME:		DOB:
Address:		
City:	State:	ZIP:
Phone:		Gender: Male Female
Email:		





Fax:

Please note:

One prescription is required **for each dose** within the New Patient and Titration Packs

VUS®

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HCP Signature:	HCP Signature:	
Date Written:	Date Written:	
Refills:	Refills:	
Quantity:	Quantity:	
Instructions:	Instructions:	
Strength:	Strength:	
Medication:	Medication:	