### **Prescribe Qsymia for Your Patients with Confidence**





# Step by step prescribing guide



For new patients, select the 6-week New Patient Pack. For continuing patients, select the appropriate dose, choose a 30 or 90-day Rx<sup>+</sup> and specified number of refills. For dose escalation, select the 6-week Titration Pack.

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	<b>\$98</b>
Strength	Qsymia 3.75 mg/23 mg Qsymia 7.5 mg/46 mg Qsymia 11.25 mg/69 mg Qsymia 15 mg/92 mg		<b>30-day</b> (Up to 90-day prescriptions allowed depending on state regulations.)	<b>\$98</b>
<b>Titration Pack</b>	Qsymia 11.25 mg/69 mg Qsymia 15 mg/92 mg	14 + 30	14-day 30-day	<b>\$98</b>



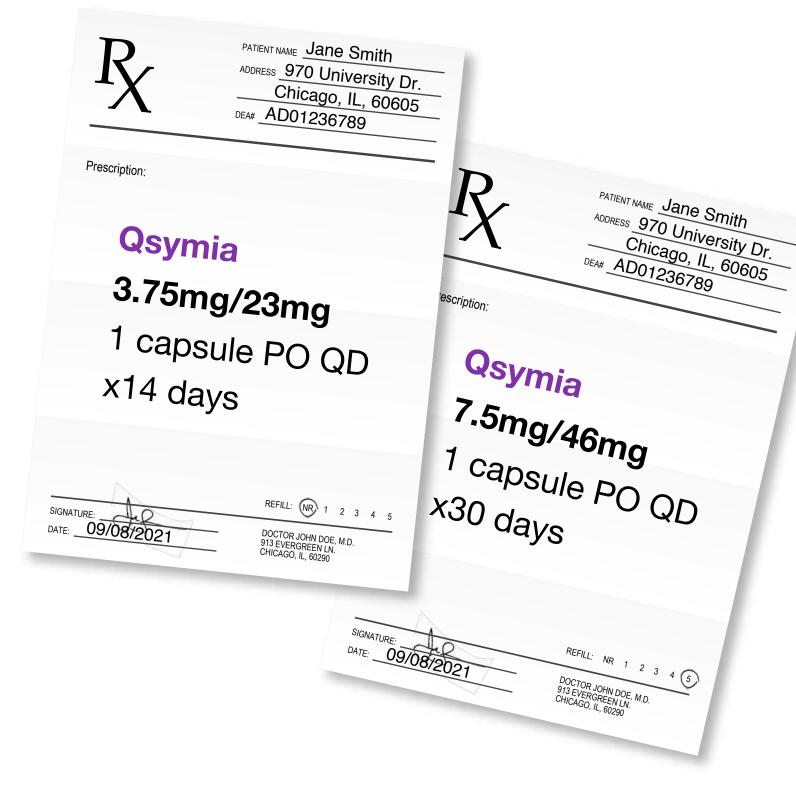
#### Determine the prescription method — select either **e-Prescription or Fax.**

Instructions to Fax



Fax Medvantx Pharmacy NCPDP/NABP: 4351968 (AmeriPharm) NPI: 1073692745 Fax: (844) 678-8444 Instructions to e-Prescribe

Select Medvantx Pharmacy on your EMR NCPDP/NABP: 4351968 (AmeriPharm) NPI: 1073692745





Please note: **Two prescriptions are required for New Patient and Titration Packs**. One prescription is required for **each dose** within either pack.

## **3** Provide ordering instructions to your patient

**Instruct your patient to visit the QsymiaEngage.com website**, register and locate their prescription in the online pharmacy. They can then complete and securely pay for their order online — and it will be shipped right to their door.

Page 1 of 2: See additional material on reverse

\* 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. Limit of one New Patient Pack and one Titration Pack per patient for the duration of the program.

<sup>+</sup>90-day prescriptions are not permitted in all states.

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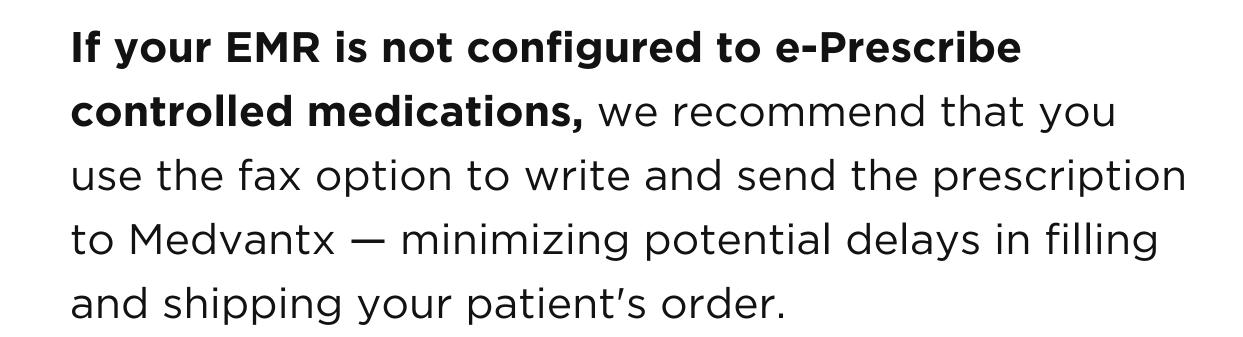
## Writing and sending the prescription to Medvantx

**Do you e-Prescribe controlled medications?** 1





your EMR **NCPDP/NABP:** 4351968 (AmeriPharm) NPI: 1073692745







Instructions to Fax



**Fax Medvantx Pharmacy NCPDP/NABP:** 4351968 (AmeriPharm) NPI: 1073692745 Fax: (844) 678-8444

Please ensure all of the required fields are completed and include:

- Rx Instructions, NPI and DEA #
- Patient Name, DOB, Address, Gender, Phone # and Email

### Fax: (844) 678-8444

EMBEDDED PRESCRIPTION
Please complete prescription below and fax to:
844-678-8444

Medication:	
Strength:	
Instructions:	<b>D</b> 1
Quantity:	14 Day
Refills:	
Date Written:	



**Please Note:** 

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

ledication:	
trength:	
nstructions:	
Quantity:	<b>30 Day</b>
Refills:	

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Please note: Whether you are using the **Qsymia Prescription Fax Form** or another form, it is important that you write separate prescriptions for each dose if you are prescribing either a New Patient or Titration Pack.

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