



| Product | Medication Offered | Supply | Price |
|-------------------------|--|-------------|---|
| New Patient Pack | Qsymia 3.75 mg/23 mg Qsymia 7.5 mg/46 mg | 14 + 30 | \$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 | \$98 (Up to 90-day prescriptions allowed depending on state regulations.) |
| Titration Pack | Qsymia 11.25 mg/69 mg Qsymia 15 mg/92 mg | 14 + 30 | \$98 |

* 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: _____
 Email: _____ Fax: _____

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

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



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

| | |
|-----------------------------|-----------------------------|
| Medication: _____ | Medication: _____ |
| Strength: _____ | Strength: _____ |
| Instructions: _____ | Instructions: _____ |
| Quantity: _____ | Quantity: _____ |
| Refills: _____ | Refills: _____ |
| Date Written: _____ | Date Written: _____ |
| HCP Signature: _____ | HCP Signature: _____ |