

Csymia Engage



Step by step prescribing guide

Select the patient dose

For new patients, select the 6-week New Patient Pack. For continuing patients, select the appropriate dose, choose a 30 or 90-day Rx[†] and specified number of refills. **For dose escalation**, select the 6-week Titration Pack.

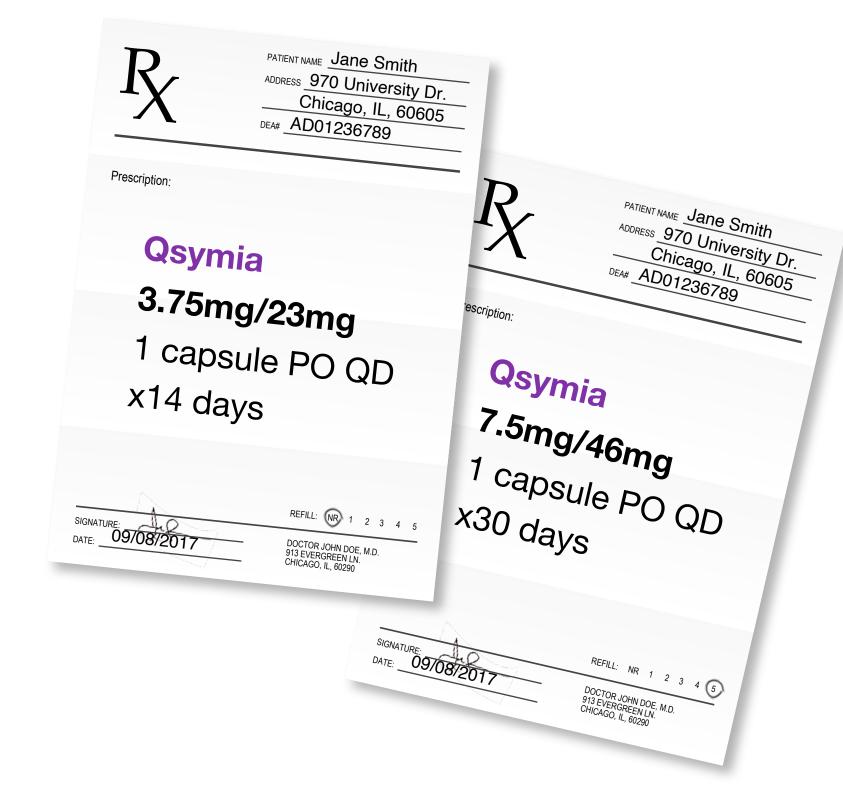
Product	Medication Offered		Supply	Price
New Patient Pack	Qsymia 3.75 mg/23 mg Qsymia 7.5 mg/46 mg	14 + 30	14-day 30-day	\$98
Strength	Qsymia 3.75 mg/23 mg Qsymia 7.5 mg/46 mg Qsymia 11.25 mg/69 mg Qsymia 15 mg/92 mg	14 30 14 30	30-day (Up to 90-day prescriptions allowed depending on state regulations.)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

Write the prescription and send to Medvantx

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









Please note: Two prescriptions are required for New Patient and Titration Packs.

One prescription is required for each dose within either pack.

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.

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^{*} 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.



Osymia Engage



Writing and sending the prescription to Medvantx

Do you e-Prescribe controlled medications?



Instructions to e-Prescribe

Select Medvantx Pharmacy on

your EMR

NCPDP/NABP: 4351968

(AmeriPharm) NPI: 1073692745



If your EMR is not configured to e-Prescribe controlled medications, we recommend that you use the fax option to write and send the prescription to Medvantx — minimizing potential delays in filling and shipping your patient's order.

2 Do you fax prescriptions?



Instructions to Fax

Fax Medvantx Pharmacy

NCPDP/NABP: 4351968

(AmeriPharm) NPI: 1073692745



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

Remark EMBEDDED PRESCRIPTION Please complete prescription below and fax to: 844-678-8444	Please Note: Osymia 3.75mg/23mg 1 capsule PO OD x14 days 1 capsule PO OD x30 days Within the New Patient and Titration Packs.	
Medication: Strength: Instructions: Quantity: Defille:	Medication: Strength: Instructions: Quantity: 30 Day	
Refills: Date Written: HCP Signature:	Refills: Date Written: HCP Signature:	



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.

