NUTRITION DIRECT™ WITH **GASTROADVANCED™** SUPPLEMENTS

HOME DELIVERY ENROLLMENT FORM

Instructions: Please complete and fax this form to 855-802-1316.
If you have any questions, please contact ProCare PharmacyCare at 866-358-9900.

① PATIENT INFORMATION — to be completed by patient

Patient Last Name	Patient First Name	Patient MI	Date
Delivery Address			Apt#
City	State	ZIP	
Phone (Home)	Phone (Cell)		
Gender ☐M ☐F	Last 4 Digits of SSN (to verify insurance info)	Date of Birth (mm/dd/yyyy)	Email
Prescription Drug Insurer	Member ID#	Group ID#	
Rx BIN#	Rx PCN#		

By providing your email address and telephone number(s), you are authorizing ProCare PharmacyCare to contact you by email or by phone at the address/phone number(s) you provide to convey information relating to fulfillment of your prescription. If you wish to alter or update the personal contact information you have provided above, if you wish to cancel your authorization for receiving communications from ProCare PharmacyCare, or if you wish to cancel your prescription(s) for Nutrition Direct™ with GastroAdvanced™ supplements, please contact ProCare PharmacyCare at any time at 866-358-9900. This authorization will expire five years from the date of this form.

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 Las Vegas, NV 89139

Healthcare information is personal and sensitive information. This communication and any attachments are intended solely for the use of ProCare PharmacyCare and contain confidential 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.

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NASCOBAL® NASAL SPRAY

500 mcg/spray
1 spray, 1 nostril, 1x a week
Disp #1 pack containing 4 single-use nasal spray devices

GastroAdvanced™ SUPPLEMENTS*

Folic Acid; Vitamin D + Vitamin A, Calcium, & Magnesium

☐ Add Iron to this prescription

*If changes are necessary, please clarify in 'Notes to Pharmacy' section.

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 855-802-1316**

Patients may redeem this offer ONLY when accompanied by a valid prescription. Offer is valid up to a maximum benefit of $130. Offer is not valid for patients whose prescriptions are reimbursed in whole or in part under Medicaid, Medicare, Medigap, VA, DoD, TRICARE, or any other federal or state programs (such as medical assistance programs) or where otherwise prohibited by law. Offer is not valid in VT or where prohibited in whole or in part. This offer may be amended or ended at any time without notice.

Please see Important Safety Information for NASCOBAL® on next page.
Please click here for full Prescribing Information.

NASCOBAL®
(Cyanocobalamin, USP) Nasal Spray

FOR APPROPRIATE PATIENTS—
INTEGRATED NUTRITIONAL SUPPORT

ELIGIBLE PATIENTS MAY PAY AS LITTLE AS

$0 PER MONTH* TO RECEIVE NUTRITIONAL SUPPLEMENTS

WHY PAY MORE?

*Patients may redeem this offer ONLY when accompanied by a valid prescription. Offer is valid up to a maximum benefit of $130. Offer is not valid for patients whose prescriptions are reimbursed in whole or in part under Medicaid, Medicare, Medigap, VA, DoD, TRICARE, or any other federal or state programs (such as medical assistance programs) or where otherwise prohibited by law. Offer is not valid in VT or where prohibited in whole or in part. This offer may be amended or ended at any time without notice.

INDICATION

- Treatment of adult patients with dietary, drug-induced, or malabsorption-related vitamin B_{12} deficiency not due to pernicious anemia

Limitations of Use

- NASCOBAL® should not be used for the vitamin B_{12} absorption test (Schilling test).
- In patients with correctible or temporary causes of vitamin B_{12} deficiency, the benefit of continued long-term use of NASCOBAL® following adequate correction of vitamin B_{12} deficiency and underlying disease has not been established.
- The effectiveness of NASCOBAL® in patients with active symptoms of nasal congestion, allergic rhinitis or upper respiratory infection has not been determined. Treatment with NASCOBAL® should be deferred until symptoms have subsided.

IMPORTANT SAFETY INFORMATION FOR NASCOBAL® NASAL SPRAY

NASCOBAL® is contraindicated in patients with sensitivity to cobalt, vitamin B_{12}, or any component of the medication. Anaphylactic shock and death have been reported with parenteral forms of vitamin B_{12}. Consider administering an intradermal test dose of parenteral vitamin B_{12} to patients suspected of cyanocobalamin hypersensitivity prior to starting NASCOBAL®.

Patients with Leber's disease who were treated with vitamin B_{12} suffered severe and swift optic atrophy. NASCOBAL® is not recommended for use in patients with Leber's optic atrophy.

Doses of vitamin B_{12} exceeding 10 mcg daily may produce hematologic response in patients with folate-deficient megaloblastic anemia, and may therefore mask a previously unrecognized folate deficiency. NASCOBAL® is not a substitute for folic acid. Assess both vitamin B_{12} and folate levels prior to initiating therapy with NASCOBAL®.

Hypokalemia, thrombocytosis and sudden death may occur in severe megaloblastic anemia which is treated intensely with vitamin B_{12}. Serum potassium levels and platelet count should be monitored.

Treatment with vitamin B_{12} may unmask signs of polycythemia vera. Patients exhibiting clinical or hematologic response consistent with polycythemia vera should be referred for further evaluation.

Hematocrit, reticulocyte count, vitamin B_{12}, folate and iron levels should be obtained prior to treatment. Consider the potential for concomitant drugs to interfere with vitamin B_{12} and folate diagnostic blood assays. Vitamin B_{12} and peripheral blood counts must be monitored initially at one month after the start of treatment, and then at intervals of 3 to 6 months. If a patient is not properly maintained with NASCOBAL®, consider alternative therapy.

If NASCOBAL® is used concomitantly with chloramphenicol, monitor for reduced efficacy and, if needed, consider an alternative therapy.

The limited available data on NASCOBAL® in pregnant women are insufficient to inform a drug-associated risk of adverse developmental outcomes.

The most common adverse reactions (≥4%) were infection, headache, glossitis, paresthesia, asthenia, nausea and rhinitis.

Please click here for full Prescribing Information.

NASCOBAL®
(Cyanocobalamin, USP) Nasal Spray

endo pharmaceuticals
an endo international company

Rx Only

NS-05311/January 2019 www.nascobal.com 1-800-462-ENDO (3636)