

NASCOBAL® (Cyanocobalamin, USP) Nasal Spray

HOME DELIVERY ENROLLMENT FORM

Instructions: Please complete and fax this form to 855-828-1492.

If you have any questions, please contact ProCare PharmacyCare at 855-828-1488.

① PATIENT INFORMATION — to be completed by patient

Patient Last Name		Patient First Name		Patient MI	Date
Delivery Address			City	State	ZIP Apt#
Phone (Home)			Phone (Cell)		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth (mm/dd/yyyy)		EMAIL	
Allergies		Medical Conditions		Prescription Drug Insurer	
Member ID#	Group ID#	Rx BIN#	Rx PCN#		
<p>By signing below, I certify and acknowledge: (i) this request is made voluntarily; (ii) the information I provide above is correct; (iii) ProCare Pharmacy Care ("ProCare") may contact me by email, phone call, or text to convey information relating to the fulfillment of my prescription; (iv) if my commercial insurance covers NASCOBAL® and my out-of-pocket copay due after applying manufacturer's coupon is \$0, ProCare may ship only my first order without contacting me further (offer not valid for patients using Medicare Part D benefits); (v) I may need to contact ProCare to obtain subsequent refills; (vi) ProCare may, at ProCare's sole discretion, transfer my prescription to an external partner pharmacy for fulfillment; (vii) I may cancel any and all authorization provided here by contacting ProCare at any time at (855) 828-1488; and (viii) if not cancelled, all authorizations will expire five years from the date of this form.</p> <p><input type="checkbox"/> (Optional) I would like to receive Rx patient enrollment and refill reminder text messages at the number provided. 6 msg/month. Reply HELP for help and STOP to stop. For Terms of Service, visit https://nd.procarerx.com/mt and for Privacy Policy, visit https://www.procarerx.com/privacy. Message and data rates may apply.</p>					
Patient Signature: _____			Date: _____		

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 Miramar, FL 33025



NASCOBAL® NASAL SPRAY

500 mcg/spray

1 spray, 1 nostril, 1x a week

Disp #1 pack containing 4 single-use nasal spray devices

Refills: 12 30-day supply 90-day supply

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 855-828-1492

The Nutrition Direct™ Program (NDP) may contact Prescriber's office to receive a valid e-Prescription as required by state regulations. The Prescriber is aware that the NDP may: (1) verify the patient's Rx coverage and benefits; (2) initiate prior authorizations; and (3) forward NASCOBAL® prescription to NDP pharmacy network, or the patient's pharmacy of choice, for purposes of dispensing medication to the patient.

Please see Important Safety Information for NASCOBAL® on next page.

Please [click here](#) for full Prescribing Information.

NASCOBAL®
 (Cyanocobalamin, USP) Nasal Spray

NASCOBAL® NASAL SPRAY — ONE UNIQUE DELIVERY SYSTEM FOR VITAMIN B₁₂

ELIGIBLE PATIENTS MAY PAY AS LITTLE AS



PER MONTH* TO RECEIVE VITAMINS AND MINERALS THAT MEET ASMBS NUTRITIONAL GUIDELINES†

WHY PAY MORE?

*Patients may redeem this offer ONLY when accompanied by a valid prescription. Offer is valid up to a maximum benefit of \$150. 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.

†ASMBS Integrated Health Nutritional Guidelines for the Surgical Weight Loss Patient — 2016 Update: Micronutrients.

ASMBS: American Society for Metabolic and Bariatric Surgery.

INDICATIONS

- Treatment of adult patients with dietary, drug-induced, or malabsorption-related vitamin B₁₂ deficiency not due to pernicious anemia

Limitations of Use

- NASCOBAL® should not be used for the vitamin B₁₂ absorption test (Schilling test).
- In patients with correctible or temporary causes of vitamin B₁₂ deficiency, the benefit of continued long-term use of NASCOBAL® following adequate correction of vitamin B₁₂ 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 B₁₂, or any component of the medication. Anaphylactic shock and death have been reported with parenteral forms of vitamin B₁₂. Consider administering an intradermal test dose of parenteral vitamin B₁₂ to patients suspected of cyanocobalamin hypersensitivity prior to starting NASCOBAL®.

Patients with Leber's disease who were treated with vitamin B₁₂ suffered severe and swift optic atrophy. NASCOBAL® is not recommended for use in patients with Leber's optic atrophy.

Doses of vitamin B₁₂ 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 B₁₂ 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 B₁₂. Serum potassium levels and platelet count should be monitored.

Treatment with vitamin B₁₂ 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 B₁₂, folate and iron levels should be obtained prior to treatment. Consider the potential for concomitant drugs to interfere with vitamin B₁₂ and folate diagnostic blood assays. Vitamin B₁₂ 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

NASCOBAL® is a registered trademark of Endo International plc or one of its affiliates.
© 2021 Endo Pharmaceuticals Inc. All rights reserved. Malvern, PA 19355
NS-05677/December 2021 www.nascobal.com 1-800-462-ENDO (3636)