


# 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					Apt#
City			State	ZIP	
Phone (Home)			Phone (Cell)		
Gender <input type="checkbox"/> M <input type="checkbox"/> 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 NASCOBAL®, please contact ProCare PharmacyCare at any time at 855-828-1488. 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 Miramar, FL 33025			
<p>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.</p>	 <b>NASCOBAL® NASAL SPRAY</b> 500 mcg/spray 1 spray, 1 nostril, 1x a week Disp #1 pack containing 4 single-use nasal spray devices Refills: 12 <input type="checkbox"/> 30-day supply <input type="checkbox"/> 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

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.

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 B<sub>12</sub>

## 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 \$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.

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

## INDICATION

- Treatment of adult patients with dietary, drug-induced, or malabsorption-related vitamin B<sub>12</sub> deficiency not due to pernicious anemia

### Limitations of Use

- NASCOBAL® should not be used for the vitamin B<sub>12</sub> absorption test (Schilling test).
- In patients with correctible or temporary causes of vitamin B<sub>12</sub> deficiency, the benefit of continued long-term use of NASCOBAL® following adequate correction of vitamin B<sub>12</sub> 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<sub>12</sub>, or any component of the medication. Anaphylactic shock and death have been reported with parenteral forms of vitamin B<sub>12</sub>. Consider administering an intradermal test dose of parenteral vitamin B<sub>12</sub> to patients suspected of cyanocobalamin hypersensitivity prior to starting NASCOBAL®.

Patients with Leber's disease who were treated with vitamin B<sub>12</sub> suffered severe and swift optic atrophy. NASCOBAL® is not recommended for use in patients with Leber's optic atrophy.

Doses of vitamin B<sub>12</sub> 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<sub>12</sub> 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<sub>12</sub>. Serum potassium levels and platelet count should be monitored.

Treatment with vitamin B<sub>12</sub> 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<sub>12</sub>, folate and iron levels should be obtained prior to treatment. Consider the potential for concomitant drugs to interfere with vitamin B<sub>12</sub> and folate diagnostic blood assays. Vitamin B<sub>12</sub> 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.

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(Cyanocobalamin, USP) Nasal Spray

 **endo**  
pharmaceuticals  
an endo international company

### Rx Only

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