

**Qsymia**<sup>®</sup>  
(phentermine and topiramate  
extended-release) capsules ©




**Qsymia  
Engage**



## Step by step prescribing guide

### 1 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<sup>†</sup> and specified number of refills. For dose escalation, select the 6-week Titration Pack.

Product	Medication Offered	Supply	Price
<b>New Patient Pack</b>	Qsymia 3.75 mg/23 mg Qsymia 7.5 mg/46 mg	 <b>14-day</b> <b>30-day</b>	<b>\$98</b>
<b>Strength</b>	Qsymia 3.75 mg/23 mg Qsymia 7.5 mg/46 mg Qsymia 11.25 mg/69 mg Qsymia 15 mg/92 mg	 <b>30-day</b> <b>90-day<sup>†</sup></b> (free shipping for all 90-day prescriptions)	<b>\$98</b> <b>\$294</b>
<b>Titration Pack</b>	Qsymia 11.25 mg/69 mg Qsymia 15 mg/92 mg	 <b>14-day</b> <b>30-day</b>	<b>\$98</b>

### 2 Write the prescription and send to Medvantx


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

**Instructions to Fax**



**Fax Medvantx Pharmacy**  
NCPDP/NABP: 4351968  
(AmeriPharm) NPI: 1073692745  
Fax: (844) 678-8444

**Instructions to e-Prescribe**



**Select Medvantx Pharmacy on your EMR**  
NCPDP/NABP: 4351968  
(AmeriPharm) NPI: 1073692745



 Please note: **Two prescriptions are required for New Patient and Titration Packs.** One prescription is required for **each dose** within either pack.

### 3 Provide ordering instructions to your patient

Instruct your patient to visit the [QsymiaEngage.com](https://www.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.

Page 1 of 2: See additional material on reverse

<sup>\*</sup>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.  
<sup>†</sup>90-day prescriptions are not permitted in all states.


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## Writing and sending the prescription to Medvantx

### 1 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  
**Fax:** (844) 678-8444



**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**

<p><b>Rx</b> <b>EMBEDDED PRESCRIPTION</b>                  Please complete prescription below and fax to:  <b>844-678-8444</b></p> <p><b>Medication:</b> _____</p> <p><b>Strength:</b> _____</p> <p><b>Instructions:</b> _____</p> <p><b>Quantity:</b> _____ <b>Rx1 14 Day</b></p> <p><b>Refills:</b> _____</p> <p><b>Date Written:</b> _____</p> <p><b>HCP Signature:</b> _____</p>	<p> <b>Please Note:</b>                  One prescription is required for each dose within the New Patient and Titration Packs.</p> <p><b>Medication:</b> _____</p> <p><b>Strength:</b> _____</p> <p><b>Instructions:</b> _____</p> <p><b>Quantity:</b> _____ <b>Rx2 30 Day</b></p> <p><b>Refills:</b> _____</p> <p><b>Date Written:</b> _____</p> <p><b>HCP Signature:</b> _____</p>
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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.