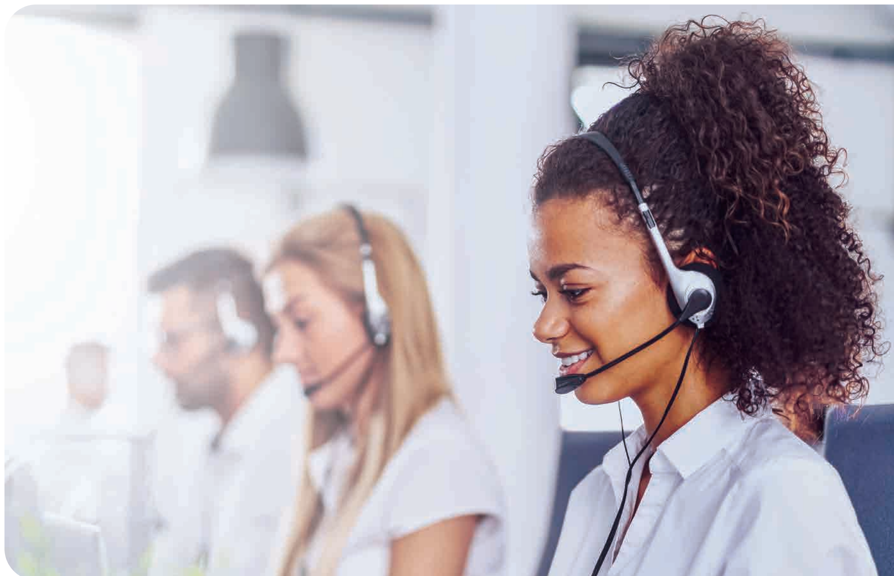
# Pertzye® Care Program

## What your patients get:

- **180 CAPSULES** sent out with receipt of prescription
- **CO-PAY** and **DEDUCTIBLE** assistance automatically applies with no need to enroll*
- A **PERTZYE CARE PHARMACIST** will manage the necessary insurance steps
- If **CLAIM** is **ACCEPTED**, balance of prescription is sent out
- If **CLAIM** is **DENIED**, the initial 180 capsules are considered a Free Trial and not charged to the patient
- **PERTZYE EPI NUTRITION PROGRAM** will be offered to eligible patients as an added benefit



### When the Pertzye Care Program Patient Advocate communicates with your patient, they will:

- Review the prescription order process
- Provide personalized assistance with their insurance coverage
- Process any necessary co-pays, deductibles or other out-of-pocket expense
- Verify delivery and shipping options

## E-Scribe to enroll your patients:

- Locate and select Pertzye® dosage: 4,000, 8,000, 16,000 or 24,000.
- Locate and select:
  **Total Care Rx**
  223-10 Union Turnpike
  Oakland Gardens, NY  11364

*__Eligibility:__ Available to patients with commercial prescription insurance coverage for Pertzye®. Co-pay and deductible assistance is not available to patients receiving reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs) or where prohibited by law. Offer subject to change or discontinuance without notice. **This is not health insurance.**

DCI Digestive Care, Inc.
1120 Win Drive, Bethlehem, PA 18017-7059
**Voice:** 1-877-882-5950 | **Fax:** 610-882-0349 | **www.pertzye.com**

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21001 | 12/2024

Delayed-Release Capsules Containing Bicarbonate-Buffered Enteric-Coated Microspheres

Date: _ _- _ _- _ _ _ _
Month Day Year

# Pertzye® Care Program

**PHARMACY - ORDER FAX FORM**
**FAX TO: 718-504-7426**
**CUSTOMER SERVICE #: 718-762-7111 x 667**

## PATIENT INFORMATION

***PLEASE INCLUDE A COPY OF FRONT & BACK OF PRESCRIPTION INSURANCE CARD***

NAME:______________________ DATE OF BIRTH:______________________

CELL PHONE #:______________________ ALTERNATE #:______________________

ADDRESS:______________________ APT/SUITE:______________________

CITY:______________________ STATE:________ ZIP CODE:______________________

EMAIL ADDRESS:______________________

ANY KNOWN ALLERGIES:______________________

## PHYSICIAN INFORMATION

NAME:______________________

DEA #:______________________ NPI #:______________________

ADDRESS:______________________

CITY:______________________ STATE:________ ZIP CODE:______________________

PHONE #______________________ FAX #:______________________

OFFICE CONTACT:______________________ CONTACT PHONE #:______________________

PHYSICIAN EMAIL:______________________

| PRODUCT | INSTRUCTIONS | QTY | REFILLS | DIAGNOSIS CODE |
|---|---|---|---|---|
| ☐ Pertzye® 4,000 | | | | |
| ☐ Pertzye® 8,000 | | | | |
| ☐ Pertzye® 16,000 | | | | |
| ☐ Pertzye® 24,000 | | | | |

## PRESCRIPTION INFORMATION

I authorize Total Care Rx and its representatives to act as an agent to initiate and execute the insurance prior-authorization process for this prescription and any future fills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time providing written notice to Total Care Rx.

**Physician Signature:**______________________**Date:**______________________

## For e-PRESCRIBING, please use the following information for processing requests through your system:

**Name:** Total Care Rx **Pharmacy type:** Retail
**City:** Oakland Gardens **State:** NY **Zip:** 11364

*There is no additional cost to the patient or physician for this service.*

Voice: 718-762-7111
Toll Free: 866-868-2579
223-10 Union Turnpike
Oakland Gardens, NY 11364
**www.TotalCareRx.com**

1120 Win Drive
Bethlehem, PA 18017-7059
Voice: 1-877-882-5950
**www.pertzye.com**

**PLEASE NOTE: PHARMACY LAW REQUIRES FAXED PRESCRIPTIONS TO BE SENT FROM A PRESCRIBER'S OFFICE ONLY. NO PRESCRIPTIONS FAXED BY PATIENTS WILL BE ACCEPTED**