Salix Reimbursement Support Hub

Benefit Verification • Prior Authorization (PA) • Appeal Management

Fax: 1-800-387-5807 • Phone: 1- 855-855-8530 (option 1)

CYCLOSET®
bromocriptine mesylate tablets

Please fax this completed Patient Enrollment Form to: 1-800-387-5807

Patient Information

Last Name: First Name: MI:

Address:

City: State: Zip Code:

Telephone #: SSN: - -

Email:

Gender: Date of Birth: / /

☐ Copy of demographic sheet attached
☐ Copy of insurance cards attached (Medical and Rx)

Patient Insurance Information

Medical Card

Insurer Name:	Insurer Phone #:
Member ID:	Group #:

Prescription Card

Name:	BIN #:
Member ID:	PCN #:

Policy Holder Name (if different from Patient):

Patient Diagnosis Codes

Provider Information

Provider Name:

Site Name:

Contact Name: Contact Phone #:

Provider Specialty

☐ Endocrinologist ☐ PCP ☐ Other:

TIN #: NPI #:

Medicaid Provider #: State License #:

Address:

City: State: Zip Code:

Telephone #: Fax #:

Current Treatments

Failure or Contraindication to Therapy (in 1 of the classes below)

☐ Alpha-glucosidase inhibitors _____
☐ Biguanides _____
☐ DPP-4 inhibitors _____
☐ GLP-1 agonists _____
☐ Meglitinides _____
☐ SGL2 Inhibitors _____
☐ Sulfonylureas _____
☐ Thiazolidinediones _____

Treatment Information

Cycloset
(bromocriptine mesylate tablets)
0.8 mg

Dosing: _____

Refills: _____

Healthcare Provider's Signature **Date**

By my signature, I certify that I am a physician or a healthcare provider authorized to sign on behalf of a physician and authorize the Salix Reimbursement Helpline and its agents (the "Helpline") to use any information provided on this form for the purposes of verifying coverage and benefits for Salix, or referring the patient to the Salix Patient Assistance Program in the event the patient does not have insurance. I certify that I have a signed copy on file of this patient's authorization (in a form that complies with all applicable state and federal laws) that allows me and the patient's health insurers to use and disclose the patient's health information, including his or her medical and insurance coverage information and records, to the Helpline, the Salix Patient Assistance Program, and their respective agents. I understand and agree that I remain responsible for complying with all applicable federal and state laws regarding patient privacy. The authorization form signed by the patient that I have on file informs the patient that: (a) the information disclosed may include the patient's health status; (b) the patient's information may be subject to re-disclosure by the recipients and no longer protected by state or federal privacy laws; (c) I will not condition the patient's treatment, payment, enrollment in a health plan, or eligibility for benefits on the patient providing the requested authorization; (d) the patient has the right to revoke the authorization at any time by calling the Helpline at 1-855-855-8530; (e) such revocation would end the patient's eligibility to participate in the program; and (f) if the patient revokes the authorization, the revocation will prohibit disclosures after the date the written revocation is received, but will not affect previous disclosures made in reliance on the patient's authorization. The patient's signature will be maintained and available for audit purposes as required by all applicable state and federal privacy laws. To the best of my knowledge, all information contained in this form is correct and complete and consistent with applicable privacy laws and regulations, and I understand that the Helpline is relying on this representation. I further certify that I made the above prescribing decisions based on my own independent medical judgment regarding what is in the best interests of the patient.

Please see Important Safety Information on the reverse side and enclosed full Prescribing Information.

CYCLOSET®
bromocriptine mesylate tablets

Salix Reimbursement Support Hub

REIMBURSEMENT QUESTIONS?
1-855-855-8530
(option 1)

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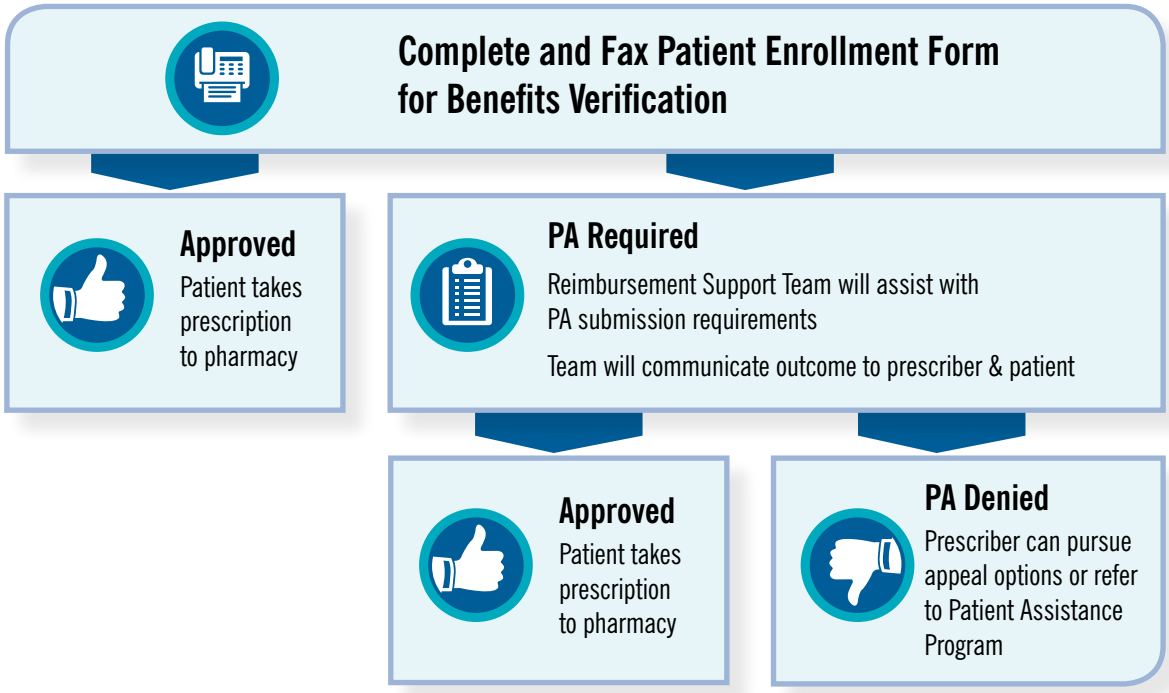

Reimbursement support is also available at the point of sale in the pharmacy if a Prior Authorization challenge is encountered.

INDICATION FOR CYCLOSET

- CYCLOSET (bromocriptine mesylate) tablets are a dopamine receptor agonist indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

IMPORTANT LIMITATIONS OF USE

- CYCLOSET should not be used to treat type 1 diabetes or diabetic ketoacidosis.
- There are limited efficacy data in combination with thiazolidinediones.
- Efficacy has not been confirmed in combination with insulin.

IMPORTANT SAFETY INFORMATION FOR CYCLOSET

- Do not use CYCLOSET (bromocriptine mesylate) tablets in patients with hypersensitivity to ergot-related drugs, bromocriptine or to any of the excipients in CYCLOSET or in patients with syncopal migraines, as it may precipitate hypotension.
- Do not use CYCLOSET in nursing women, as it may inhibit lactation. There have been postmarketing reports of stroke in this patient population.
- CYCLOSET can cause orthostatic hypotension and syncope, particularly upon initiation or dose escalation. Use caution in patients taking antihypertensive medications. Orthostatic vital signs should be assessed prior to initiation of CYCLOSET and periodically thereafter.
- Advise patients during early treatment to avoid situations that could lead to injury if syncope were to occur and to make slow postural changes.
- CYCLOSET may exacerbate psychotic disorders or reduce the effectiveness of drugs that treat psychosis. Use in patients with severe psychotic disorders is not recommended.
- CYCLOSET may cause somnolence, particularly when initiating therapy. Advise patients not to drive or operate heavy machinery if symptoms of somnolence occur.
- CYCLOSET is a dopamine receptor agonist. Concomitant use with dopamine antagonists, such as neuroleptic agents, may diminish the effectiveness of both drugs and is not recommended.
- Effectiveness and safety are unknown in patients already taking other dopamine receptor agonists for other indications and concomitant use is not recommended.
- There have been no clinical studies establishing conclusive evidence of macrovascular risk reduction with CYCLOSET or any other antidiabetic drug. CYCLOSET does not increase the risk of macrovascular events.
- CYCLOSET may increase the unbound fraction of highly protein-bound therapies, altering their effectiveness and safety profiles. CYCLOSET may increase ergot related side effects or reduce ergot effectiveness for migraines if co-administered within 6 hours of ergot-related drugs.
- CYCLOSET is extensively metabolized by CYP3A4. Limit CYCLOSET dose to 1.6 mg/day during concomitant use of moderate CYP3A4 inhibitors. Avoid concomitant use of CYCLOSET with strong CYP3A4 inhibitors.
- The safety and effectiveness of CYCLOSET in pediatric patients have not been established.
- In clinical trials, the most common adverse reactions reported in ≥5% of patients treated with CYCLOSET, and reported more commonly than in patients treated with placebo, included nausea, fatigue, dizziness, vomiting, and headache. Postmarketing reports with higher doses of bromocriptine used for other indications include psychotic disorders, hallucinations, and fibrotic complications.

To report SUSPECTED ADVERSE REACTIONS, contact VeroScience, LLC at 1-800-321-4576 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see enclosed full Prescribing Information.

Salix® Pharmaceuticals

Salix Pharmaceuticals
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CYC.0050.USA.16