



For healthcare professionals (HCPs)



Please visit
crineticare.com/hcp or
call **844-276-4357** to
learn more and access
additional resources

David
Living with acromegaly

INDICATION:

PALSONIFY™ (paltusotine) is a somatostatin receptor agonist indicated for the treatment of adults with acromegaly who had an inadequate response to surgery and/or for whom surgery is not an option.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS:

- **Cholelithiasis and Its Complications:** Cholelithiasis, including related complications such as acute cholecystitis and pancreatitis, have been reported. Monitor patients periodically. Discontinue PALSONIFY if complications of cholelithiasis occur and treat appropriately.

Please see additional Important Safety Information on pages **2-4** and **Full Prescribing Information** including **Patient Information**.

CrinetiCARE® offers personalized support to help your eligible patients throughout their treatment journey with PALSONIFY



CrinetiCARE provides access and reimbursement support to help patients start and stay on therapy with PALSONIFY. From navigating insurance coverage to connecting with nurse educators, CrinetiCARE is here to support access for your patients.

- Benefits investigation
- Prior authorization support
- Appeals support

Financial support*

Patient assistance program: Eligible uninsured or underinsured patients may be able to receive PALSONIFY at no cost.

Copay assistance program: Eligible commercially insured patients who are not insured by any federal or government-funded program may pay as little as \$0 for PALSONIFY, with up to \$25,000 in annual support.

Quick start supply*

Patients who experience a delay in their insurance coverage determination can begin therapy while the CrinetiCARE team works on securing insurance coverage.

Nurse educators

Dedicated nurses are available to provide ongoing education; help answer common questions about therapy; and provide consistent, ongoing support throughout your patient's journey with PALSONIFY.

*For more information about CrinetiCARE programs, please call 844-CRN-HELP (844-276-4357).

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS: (cont'd)

- **Hyperglycemia and Hypoglycemia:** Hyperglycemia, diabetes mellitus, or hypoglycemia, may occur. Monitor blood glucose levels when PALSONIFY treatment is initiated or when dosage is altered. Adjust antidiabetic treatment accordingly.
- **Cardiovascular Abnormalities:** Cardiac conduction abnormalities and other ECG changes such as PR interval prolongation, bradycardia, sinus arrest, and atrioventricular block may occur in patients with acromegaly and were reported in PALSONIFY clinical trials. Dosage adjustments of concomitant drugs that have bradycardic effects may be necessary.

Confidence in every step: Enrollment options for CrinetiCARE

Enroll now with our
streamlined form

First Name _____ Last Name _____ DOB _____

Dear patient, we want to support you! Please read the following, then sign and date. Thank you.

PERSONAL INFORMATION FOR PATIENT SUPPORT

I authorize my healthcare providers (including my doctor(s) and their staff), my pharmacies, my employer and my health insurer(s) to disclose and re-disclose my individually identifiable health information, which may include any coverage limits, appeals and health records related to my port me through the CrinetiCARE® program ("Health Information") so that they can: my participation in the CrinetiCARE® program or any other livities related to my condition or treatment (for example, programs, drug coverage verification, nurse partner services, port or to coordinate delivery of the product to my home or

PRODUCT ENROLLMENT FORM
Please fax completed form to: 844-CRN-FAXX (844-276-3299)
Call CrinetiCARE® Monday - Friday 8am to 8pm EST at
844-CRN-HELP (844-276-4357)

PATIENT INFORMATION (* Required Field)

First Name* _____ Last Name* _____ DOB* (mm/dd/yyyy) _____
Sex: ☐ Male ☐ Female Street Address* _____ City* _____ State* _____ Zip* _____
Primary Phone #* _____ Alt Phone # _____ Email Address* _____
Alt Contact Person _____ Alt Contact Phone # _____ Prior surgery: ☐ Yes ☐ No Surgery Not An Option

PATIENT INSURANCE AND PHARMACY PREFERENCE Please copy both sides of the patient's insurance card(s) and include with fax.

Primary Health Insurance	Prescription Drug Insurance	Secondary Insurance
Plan Name _____	Plan Name _____	Plan Name _____
Phone # _____	Phone # _____	Phone # _____
Policy ID # _____	Policy ID # _____	Policy ID # _____
Group # _____	Group # _____	Group # _____
Policy Holder Name (if other than patient) _____	PCN _____	

PRESCRIBER INFORMATION & PRESCRIPTION

Prescriber Name* _____ Prescriber Specialty _____
Practice Name* _____ Practice Contact _____
Phone* _____ Fax* _____ Street Address* _____
Email* _____ City* _____ State* _____ Zip* _____
NPI #* _____ Best Time to Contact _____ State License # _____ Tax ID#* _____
Supervisory Prescriber's Name _____ Supervisory Prescriber's NPI # _____

PREVIOUS MEDICATIONS USED*

☐ cabergoline ☐ lisdextroamphetamine ☐ Mycaspas ☐ octreotide ☐ Sandostatin ☐ Sandostatin LAR ☐ Signifor ☐ Signifor LAR ☐ Somatoline Depot ☐ Somavert

Dose: _____ Dose: _____ Dose: _____ Dose: _____ Dose: _____ Dose: _____ Dose: _____ Dose: _____

PATIENT DOSAGE FOR PALSONIFY™ (paltusotine) TABLETS* - SELECT ONE DOSE ONLY

PALSONIFY™ 20mg tablets Dose: 40mg (20mg Tablets x2) Directions: Take 2 (two) tablets by mouth once daily, as directed. QUANTITY: _____ REFILLS: _____	PALSONIFY™ 30mg tablets Dose: 60mg (30mg Tablets x2) Directions: Take 2 (two) tablets by mouth once daily, as directed. QUANTITY: _____ REFILLS: _____	PALSONIFY™ tablets (alternate) Dose: _____ Directions: _____ QUANTITY: _____ REFILLS: _____
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ICD-10 Code: ☐ E22.0 (Acromegaly & Pituitary Gigantism) ☐ Other ICD-10: _____

Pharmacy Preference: ☐ Biologics ☐ Chiral ☐ ITC ☐ Pharmacy (Prescription Center Pharmacy)

☐ Quick Start Supply The "Quick Start Program" is a free supply of PALSONIFY™ that allows eligible patients to begin therapy while insurance is verified.

By signing below, I, as the treating healthcare practitioner, state: (i) This prescription is medically appropriate for this patient and will be supervising this patient's treatment; (ii) all information supplied to CrinetiCare or its agents ("Crinetix") relating to this enrollment form is accurate, and has been obtained pursuant to a separate, valid patient authorization that allows CrinetiCare to contact this patient to provide services relating to (i) treatment and (ii) benefit verification and/or pre-authorization. Further, I understand that (a) any free product provided is for the use of this patient only and shall not be sold or transferred to anyone else, or returned for credit; (b) free product may not be counted toward Medicare Part D out-of-pocket costs, free product may not be claimed for reimbursement from any third-party payer; and (c) CrinetiCare may review, change, or terminate this or any other program at any time without notice. I authorize the Specialty Pharmacy to initiate any medical authorization processes from applicable health plans, if needed, including the submission of any necessary forms to such health plans, to the extent not related to seeking reimbursement, credit or other prohibited activities related to the free product.

Please Sign* _____ Prescriber Signature: _____ Date* _____
Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____

(*) Required Field

Please visit www.palsonify.com for Full Prescribing Information.

Enrollment for CrinetiCARE can be completed in 2 ways:



Call CrinetiCARE at **844-CRN-HELP** (844-276-4357)



Download and complete the PALSONIFY product enrollment form at crineticare.com/hcp

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS: (cont'd)

- **Thyroid Function Abnormalities:** Somatostatin analogs may suppress the secretion of thyroid-stimulating hormone, which may result in hypothyroidism. Periodic assessment of thyroid function is recommended.

Please see additional Important Safety Information on pages 1, 2, and 4 and Full Prescribing Information including Patient Information.

Contact us



844-CRN-HELP
(844-276-4357)



844-CRN-FAXX
(844-276-3299)

Visit us online



Access CrinetiCARE:
crneticare.com/hcp



Access HCP website:
palsonifyhcp.com

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS: (cont'd)

- **Steatorrhea and Malabsorption of Dietary Fats:** Somatostatin analog treatment may result in malabsorption of dietary fats and subsequent symptoms of steatorrhea, loose stools, abdominal bloating, and weight loss. If new or worsening symptoms are reported with PALSONIFY, evaluate patients for potential pancreatic exocrine insufficiency and manage accordingly.
- **Vitamin B₁₂ Deficiency:** Vitamin B₁₂ deficiency may occur. Monitor vitamin B₁₂ levels, if clinically indicated.

ADVERSE REACTIONS:

Most common adverse reactions (>5%) are diarrhea, abdominal pain, nausea, decreased appetite, sinus bradycardia, hyperglycemia, palpitations, and gastroenteritis.

DRUG INTERACTIONS:

- Strong or Moderate CYP3A4 Inducers: may decrease PALSONIFY exposure. May require an increased dosage of PALSONIFY.
- Proton Pump Inhibitors: may decrease PALSONIFY exposure. May require an increased dosage of PALSONIFY. Avoid concomitant use of proton pump inhibitors in patients who are already on PALSONIFY 60 mg.
- Cyclosporine: may decrease cyclosporine exposure. May require cyclosporine dosage adjustment when used with PALSONIFY; follow therapeutic monitoring recommendations.

Please report adverse events to Crinetics Pharmaceuticals at 1-833-CRN-INFO (1-833-276-4636) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see [Full Prescribing Information](#) including [Patient Information](#).