

# NS Support Product Order Form

Use this Order Form to order/reorder **VILTEPSO® (viltolarsen)**. Fax this completed form to 888-212-0482 or mail to NS Support, PO Box 29203, Phoenix, AZ 85038-9203. For assistance or additional information, call 833-NSSUPRT (833-677-8778), Monday–Friday, 8 AM to 8 PM ET.

## PRODUCT ACQUISITION INFORMATION (Required, unless indicated otherwise)

### PREFERRED SPECIALTY DISTRIBUTOR

ASD Healthcare  
  Besse Medical  
  Cardinal PR  
  Cardinal SPD  
  McKesson Plasma & Biologics  
  McKesson Specialty Care  
  Metro Medical  
  Oncology Supply

ACCOUNT # \_\_\_\_\_ PURCHASE ORDER # (if needed) \_\_\_\_\_

ACCOUNT TYPE  
 Provider Office  
 340B  
 PHS  
 Home Health  
 Freestanding/Hospital Infusion Center  
 Other (clinic)

CONTACT NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

NOTE: Provider will be invoiced for VILTEPSO purchased from the specialty distributor at the contracted rates under the provider's agreement or rates quoted at the point-of-sale. Provider is financially responsible for and agrees to pay the distributor all invoiced charges for products ordered by the provider. Each invoice will be due and payable by the provider within the payment terms offered by the distributor on the date of order.

## ORDER INFORMATION (Required) – Please fill out section below if your order is for one or more patients with an NS Support Patient ID under the same account.

NS SUPPORT PATIENT ID (existing patients only)	QUANTITY

## HEALTHCARE PROVIDER INFORMATION (Required when the healthcare provider is the shipment recipient)

HEALTHCARE PROVIDER NAME (First, Last) \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUITE # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ NPI # \_\_\_\_\_

## SHIPPING INFORMATION FOR VILTEPSO (Required)

SHIP TO:  
 Healthcare Provider's Address  
 Other

FACILITY NAME \_\_\_\_\_ HIN # \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUITE # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## USE OF PRODUCT ACQUISITION INFORMATION

By providing your information and information about your patient on this Order Form, you are placing an order for VILTEPSO to dispense to patients who have been prescribed VILTEPSO. The information you provide will only be used by NS Pharma, Inc., its affiliated companies, agents, and representatives, including providers of alternate sources of funding for prescription drug costs, and other service providers involved in managing and delivering this service for healthcare providers and patients (collectively, "NS Pharma"). You may withdraw your request for this service at any time by calling 833-NSSUPRT (833-677-8778). You agree to be contacted by NS Pharma, Inc. at NS Support by mail, fax, email, or phone for the purposes of managing and delivering this product. Our Privacy Policy, available at <https://www.nspharma.com/privacy-policy>, governs the use of the information you provide. By providing the information on this Order Form and submitting this Order Form, you indicate that you have read, understand, and agree to these terms and agree to receive program-related communications from NS Support and its service providers. Please call NS Support at 833-NSSUPRT (833-677-8778) if you wish to change your communication preferences. This form is submitted in full compliance with all applicable laws, regulations and rules.