

# BONJESTA AT HOME®

Medication Access, Simplified.  
We are on a mission to help people get their medications quickly, easily and affordably.

Powered by **PhilRx**

## CONVENIENCE FOR YOUR OFFICE:

- Verification of patient benefits
- Assistance with prior authorizations
- Monthly refill reminders for patients
- Three easy ways to submit your prescriptions: fax, call or ePrescribe
- Visibility into patient prescription journey via fax or email summaries

## CONVENIENCE FOR YOUR PATIENTS:

- FREE discreet home delivery
- Pharmacists to answer product questions
- Insurance benefit verification
- Monthly refill reminders
- Prior authorization support
- Patient Portal to manage prescriptions

## COMMERCIALLY INSURED PATIENTS

Pay as little as:

- \$40 per Bonjesta (doxylamine succinate and pyridoxine hydrochloride) prescription

## BONJESTA AT HOME®

Cash-paying patients pay only:

- \$60 for 30 tablets
- \$99 for 60 tablets

If you choose to ePrescribe, select **PhilRx**

Not listed in your software program? See below to conduct a system search:

1. Select "**Retail**" pharmacy as opposed to "Mail Order" pharmacy to do your search if that is an option.
2. Most ePrescribing systems have a search library. Begin by using the following criteria only:
  - **PhilRx**
  - **Columbus, OH 43235**
  - **NCPDP# 3685508**

If **PhilRx** does not show in the system, add the following criteria:

- NCPDP # 3685508
- Address: 150 E Campus View Blvd, Ste 210, Columbus, OH 43235
- If NPI# is required: 1487163598
- If you are still not able to find **PhilRx**, contact your ePrescribing software vendor and log a case to have the pharmacy added to your system.

PLEASE SEE REVERSE FOR ORDERING INSTRUCTIONS  
For questions or to submit a prescription, please call (844) 716-HOME (4663)

## 1. PATIENT INFORMATION

Last Name		First Name		Middle initial
Delivery Address				APT #
City		State	ZIP	Email address
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy)	Language Preference:	
Current Medications Taken		Medical Conditions	Any Known Allergies	
		Preferred phone number	Cell phone	
Diagnosis Code	Previously Tried/Failed Medications			

— IF AVAILABLE, PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF THE PATIENTS PRESCRIPTION INSURANCE CARD. —

## 2. PRESCRIBER INFORMATION WITH SIGNATURE

To be completed by prescriber

– or –

ePrescribe to *PhilRx*  
Columbus, OH 43235

Type: Retail Pharmacy  
NPI #: 1487163598  
NCPDP #: 3685508

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Prescriber Name		
NPI#	Office Contact Name and Phone #	
DEA #		
Physician Email		
Prescriber Phone	Prescriber FAX	
Prescriber Address		
City	State	ZIP
PRESCRIBER SIGNATURE		Date

## 3. PRESCRIPTION INFORMATION

**BONJESTA AT HOME®**

Quantity  30  60  \_\_\_\_\_ Refills \_\_\_\_\_ Directions \_\_\_\_\_

## 4. PRESCRIBER — Email to mdsupport@phil.us or Fax to 800-949-3434

Fax Sender First and Last Name
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