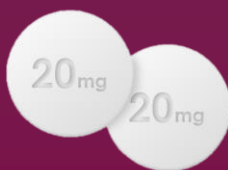


hemady[®]
(dexamethasone)
tablets 20 mg

REIMBURSEMENT KIT



Contact marketaccess@hemady.com for more information on Hemady[®]

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	NDC	Package Size
	82111-0955-01	24 tablets
	82111-0955-02	100 tablets

ICD-10 Codes for Multiple Myeloma (MM)

C90.00 – MM not having achieved remission

C90.01 – MM in remission

C90.02 – MM in relapse

Hemady[®] Team Contact Information

For more information, please contact your representative or email marketaccess@hemady.com



Hemady[®] is Available Through the Following Specialty Pharmacy:

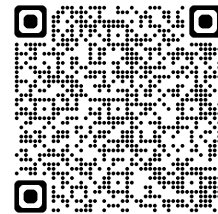
Walgreens Specialty Pharmacy

Phone: 855-244-2555
Fax: 877-235-9807

Disclaimer: Specialty pharmacy supply and availability of Hemady[®] are subject to change. Please check with the specialty pharmacy to confirm availability of Hemady[®].

Enrollment Form

A fillable form can be found by scanning the QR code below



Hemady[®] is Available Through the Following Group Purchasing Organizations:

**Cardinal Health[™]
VitalSource[™] GPO**

100-Count Bottle: **5893409**
24-Count Bottle: **5893391**

**Cencora
Oncology Supply**

100-Count Bottle: **10284671**
24-Count Bottle: **10284636**

**Cencora
ASD Healthcare**

100-Count Bottle: **10284663**
24-Count Bottle: **10284623**

**McKesson
Specialty**

100-Count Bottle: **5016794**
24-Count Bottle: **5016793**



Walgreens Specialty Pharmacy is a partner for Hemady®

Phone #: 855-244-2555 | Fax #: 877-235-9807

Note: This form is intended for prescriber use only, if faxed, the fax must come from HCP office or hospital (may not be faxed by patient).

Patient Enrollment & Prescription Form

Patient Information

Name: _____ Date of Birth: _____ Gender: Male Female
Address: _____ City: _____
State: _____ Zip: _____ Phone #: _____ Email: _____
Alternative Contact: _____ Alternative Contact Phone #: _____

Insurance Information

Rx Insurance Name: _____ Rx Insurance BIN #: _____
Rx Insurance ID: _____ Rx Insurance Group #: _____
Insurance Phone #: _____ Rx Insurance PCN #: _____

i Please provide front & back copies of patient's Rx insurance card(s), include any secondary coverage

Clinical Information

Primary ICD-10 Code: _____ Secondary ICD-10: _____
Allergies: _____ Patient Weight: _____ lb kg
Other Medications: _____

ICD-10 Codes for Multiple Myeloma (MM)
C90.00 – MM not having achieved remission
C90.01 – MM in remission
C90.02 – MM in relapse

i Please fax clinical documentation to pharmacy along with referral form

Prescriber Information

Prescriber Name: _____ NPI #: _____ License #: _____
Practice Address: _____ City: _____
State: _____ Zip: _____ Office Phone #: _____ Office Fax #: _____
Office Contact Name: _____

Prescription Information

NDC Codes: 82111-0955-01; 82111-0955-02

Hemady® (dexamethasone) tablets, 20 mg

Sig: _____ Quantity: _____ Refills: _____
Prescriber Signature: _____ Prescriber Signature: _____
Date: _____ (Dispense as written) Date: _____ (Substitution permissible)

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CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. Drug names are the property of their respective owners.

Common Prior Authorization (PA) Submission Requirements

Diagnosis of MM (ICD-10)

Age ≥18

Prescribed by a hematology/oncology specialist

Verification of use in combination with other anti-myeloma therapies

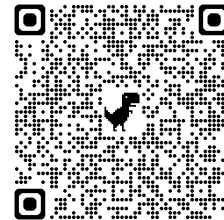
Previous use of generic dexamethasone

Sample Letter of Medical Necessity

Edenbridge offers a template **Letter of Medical Necessity** as a resource healthcare providers can use for prescribing Hemady[®]



A customizable copy of this Letter can be found by scanning the QR code below



HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use HEMADY® safely and effectively. See full prescribing information for HEMADY.

HEMADY (dexamethasone tablets), for oral use

Initial U.S. Approval: 1958

RECENT MAJOR CHANGES

Warnings and Precautions, Immunosuppression and Increased Risk of Infection (5.2) 6/2024
Warnings and Precautions, Kaposi's Sarcoma (5.11) 6/2024

INDICATIONS AND USAGE

HEMADY is a corticosteroid indicated in combination with other anti-myeloma products for the treatment of adults with multiple myeloma. (1)

DOSAGE AND ADMINISTRATION

Recommended Dosage: 20 mg or 40 mg orally once daily, on specific days depending on the protocol regimen. (2)

DOSAGE FORMS AND STRENGTHS

Tablets: 20 mg (3)

CONTRAINDICATIONS

- Patients with hypersensitivity to dexamethasone (4)
- Patients with systemic fungal infections (4)

WARNINGS AND PRECAUTIONS

- Alterations in Endocrine Function: Hypothalamic-pituitary adrenal (HPA) axis suppression, Cushing's syndrome, and hyperglycemia can occur. Monitor patients for these conditions with chronic use. (5.1)
- Immunosuppression and Increased Risk of Infection: Increased risk of new, exacerbation, dissemination, or reactivation of latent infections. (5.2)
- Alteration in Cardiovascular/Renal Function: Monitor for elevated blood pressure and sodium, and for decreased potassium levels. (5.3)
- Venous and Arterial Thromboembolism: Risk increased; consider anticoagulant prophylaxis and monitor for evidence of thromboembolism. (5.4)
- Vaccination: Avoid the administration of live or live attenuated vaccines in patients receiving immunosuppressive doses of corticosteroids. (5.5)
- Ophthalmic Effects: May include cataracts, infections, and glaucoma. (5.6)

- Gastrointestinal Perforation: Avoid use in active or latent peptic ulcers, diverticulitis, fresh intestinal anastomoses, and nonspecific ulcerative colitis, since they may increase the risk of a perforation. (5.7)
- Osteoporosis: Increased risk; monitor for changes in bone density with chronic use. (5.8)
- Behavioral and Mood Disturbances: May include euphoria, insomnia, mood swings, personality changes, severe depression, and psychosis. Monitor for signs and symptoms and manage promptly. (5.10)
- Kaposi's Sarcoma: Kaposi's sarcoma has been reported to occur in patients receiving corticosteroid therapy, most often for chronic conditions. (5.11)
- Embryo-Fetal Toxicity: Can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus. (5.13, 8.1)

ADVERSE REACTIONS

The most common adverse reactions are cardiovascular, dermatologic, endocrine, fluid and electrolyte disturbances, gastrointestinal, metabolic, musculoskeletal, neurological/psychiatric, ophthalmic, abnormal fat deposits, decreased resistance to infection, hiccups, increased or decreased motility and number of spermatozoa, malaise, moon face, and weight gain. (6)

To report SUSPECTED ADVERSE REACTIONS, contact Edenbridge Pharmaceuticals, LLC, at 877-381-3336 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- Avoid concomitant use of strong CYP3A4 inhibitors or inducers. (7.1)
- Concomitant therapies such as erythropoietin stimulating agents or estrogen containing therapies may have an increased risk of thromboembolism. (7.2)

USE IN SPECIFIC POPULATIONS

Lactation: Advise not to breastfeed. (8.2)

See 17 for PATIENT COUNSELING INFORMATION

Revised: 6/2024

Please visit www.hemady.com to review the Full Prescribing Information for **Hemady®**



hemady[®]
(dexamethasone)
tablets 20 mg