CAPS
Chiasma Access & Patient Support

Personalized and comprehensive patient support for acromegaly treatment with MYCAPSSA® (octreotide) delayed-release oral capsules.

CHRISTINE,
Patient Care Specialist

OUR PROMISE

Chiasma's Access & Patient Support (CAPS) Program offers personalized and comprehensive support to help patients with acromegaly get started on MYCAPSSA and guide them throughout treatment.

Dedicated CAPS Patient Care Specialists will provide your office one-on-one assistance to ensure seamless benefits investigation, specialty pharmacy interactions, and financial assistance for your patients. We'll also provide patients with ongoing education and tools to help them every step of the way.

CAPS PATIENT CARE SPECIALIST SERVICES

A simple enrollment form helps start the process so that a dedicated CAPS Patient Care Specialist, working with your office, can allievate hurdles and ensure patient access to MYCAPSSA. The Patient Care Specialist will faciliate:

Benefits investigation
to better understand insurance coverage for each patient and assist with authorization forms.

Specialty pharmacy interactions
to coordinate set-up and delivery of MYCAPSSA for the patient

Financial assistance
for out-of-pocket expenses or for individuals without insurance

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION AND USAGE

MYCAPSSA (octreotide) delayed-release capsules, for oral use, is a somatostatin analog indicated for long-term maintenance treatment in acromegaly patients who have responded to and tolerated treatment with octreotide or lanreotide.

CONTRAINDICATIONS

Hypersensitivity to octreotide or any of the components of MYCAPSSA. Anaphylactoid reactions, including anaphylactic shock, have been reported in patients receiving octreotide.

IMPORTANT SAFETY INFORMATION

Warnings and Precautions

MYCAPSSA can cause problems with the gallbladder. Monitor patients periodically. Discontinue if complications of cholelithiasis are suspected.

Blood sugar, thyroid levels, and vitamin B_{12} levels should be monitored and treated accordingly.

Bradycardia, arrhythmia, or conduction abnormalities may occur. Treatment with drugs that have bradycardia effects may need to be adjusted.

ADVERSE REACTIONS

The most common adverse reactions (incidence >10%) are nausea, diarrhea, headache, arthralgia, asthenia, hyperhidrosis, peripheral swelling, blood glucose increased, vomiting, abdominal discomfort, dyspepsia, sinusitis, and osteoarthritis.

Please see additional Important Safety Information on the following page.

CAPS®
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Personalized and comprehensive patient support for acromegaly treatment with MYCAPSSA® (octreotide) delayed-release oral capsules.

Ongoing support services continue once patients have started on MYCAPSSA, guiding them through their new treatment routine and ensuring that they have the support they need.

To start enrolling your patients, fill out the enclosed form for all of your patients with acromegaly that you would recommend transitioning to MYCAPSSA.

We look forward to facilitating the process and assisting your practice and patients in their journey to start and manage their acromegaly treatment with MYCAPSSA.

Over time, I've learned that I'm not alone in my journey with acromegaly. Allowing myself to lean on the support and expertise of others is part of my treatment success.

-Traci, living with acromegaly

For more information on the CAPS program or enrolling your patients to start the treatment process for MYCAPSSA, call our Patient Care Specialists at 1-833-3GO-CAPS (1-833-346-2277), Monday-Friday, 8:30am-7pm EST.

INDICATION AND IMPORTANT SAFETY INFORMATION (Continued)

DRUG INTERACTIONS

The following drugs require monitoring and possible dose adjustment when used with MYCAPSSA: cyclosporine, insulin, antidiabetic drugs, calcium channel blockers, beta blockers, lisinopril, digoxin, bromocriptine, and drugs mainly metabolized by CYP3A4. Counsel women to use an alternative non-hormonal method of contraception or a back-up method when MYCAPSSA is used with combined oral contraceptives.

Patients taking proton pump inhibitors, H2-receptor antagonists, or antacids concomitantly with MYCAPSSA may require increased dosages of MYCAPSSA.

PREGNANCY

Advise premenopausal females of the potential for an unintended pregnancy.

To report SUSPECTED ADVERSE REACTIONS, contact the product information department at 1-844-312-2462 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch*

Please see full Prescribing Information

CHIASMA®

Mycapssa® (octreotide) capsules 20mg

Phone: 1-833-346-2277 Fax: 1-833-746-2277

Mycapssa® (octreotide) capsules 20mg

Enrollment Form

Chiasma Access & Patient Support

CAPS® Chiasma Access & Patient Support

1: Patient Information

First Name:	MI:	Last Name:
Gender: Male Female	Date of Birth:	Last 4 Digits of Social Security #:
Address:		
City:	State:	Zip:
Email:	Phone #:	
Caregiver Name:	Caregiver Phone #:	
Allergies:	Current Medications:	

2: Insurance Information (check the relevant box)

Attach a copy of both sides of the patient's insurance card.

○ Medicare ○ Medicaid ○ Commercial/Private ○ Other ○ Uninsured

Primary Insurance Payer:	Insurance Name:
Phone #:	Policy ID #:
Group #:	BIN:
PCN:	Policy Holder's Name:
Policy Holder's Date of Birth:	Policy Holder's Relationship to Patient:

3: Prescriber Information

First Name:	MI:	Last Name:
Prescriber NPI #:		Prescriber Tax ID #:
Facility Name:		
Facility Address:		
City:	State:	Zip:
Facility Phone #:		Preferred Fax #:
Primary Contact Name:		Title/Role:
Primary Contact Phone #:		Primary Contact Email:

4: Treatment and Prescribing Information

☐ **ICD-10/Diagnosis: E22.0** ☐ Other ICD-10/Diagnosis _____

Rx Treatment: MYCAPSSA® (octreotide) delayed-release oral capsules
NDC: 69880-120-28 Dispense as written.
Please check a box below for medication strength

☐ **MYCAPSSA 40 mg Dosing Schedule**
Dispense: MYCAPSSA 20 mg capsules
Sig: Take 1 capsule PO BID
QTY: 56 **Number of Refills:** _____

☐ **MYCAPSSA 60 mg Dosing Schedule**
Dispense: MYCAPSSA 20 mg capsules
Sig: Take 2 capsules PO QAM and 1 capsule PO QPM
QTY: 84 **Number of Refills:** _____

☐ **MYCAPSSA 80 mg Dosing Schedule**
Dispense: MYCAPSSA 20 mg capsules
Sig: Take 2 capsules PO BID
QTY: 112 **Number of Refills:** _____

For the Quick Start Program, complete the information in this box, select the appropriate medication strength to the left, and sign and date the bottom of the page.

☐ **ICD-10/Diagnosis: E22.0**

☐ Check here to authorize Quick Start Program shipments and to authorize the Quick Start Program to forward this prescription to the Quick Start Program–designated pharmacy in order to dispense the selected MYCAPSSA prescription directly to the patient named herein.*

*The Quick Start Program provides MYCAPSSA until the patient's therapy is covered by insurance (up to 3 months). The program is subject to change without notice.

Prescriber Authorization

I authorize Chiasma, as my designated agent, to forward the prescription to a specialty pharmacy in order to dispense MYCAPSSA capsules to my patient. I understand that state law may require the pharmacy to contact me directly and that the information I provide on this form, if signed by my patient, will be used by Chiasma as herein authorized by my patient. If my patient is not enrolling in the Chiasma Access & Patient Support program, I certify that I have my patient's HIPAA authorization for the release of the patient's identification and insurance information to Chiasma for benefits verification and coordination of dispensing of MYCAPSSA. I understand that I am under no obligation to prescribe any Chiasma product and that I have not received nor will I receive any benefit from Chiasma for prescribing a Chiasma product. I attest that I am not on the HHS/OIG list of Excluded Individuals.

X _____

Licensed Prescriber Signature (required – no stamps)

Printed Name Date

Please fax this form to 1-833-7GO-CAPS (1-833-746-2277). For questions, call 1-833-3GO-CAPS (1-833-346-2277).

CHIASMA®