

Prescriber Information Sheet for our partner:  **aspn** Pharmacies

Important Timing Notice:

KeraStat® Cream is best used prophylactically before Radiation Dermatitis symptoms occur. Don't wait. Prescribe KeraStat® Cream when the patient is scheduled for their first radiotherapy session to increase their chances for a better quality of life.

Comprehensive support from ASPN Pharmacies includes:

- **Benefit Investigations for Pharmacy and Medical Claims**
- **Dedicated KeraStat® Care Team for Streamlined Support**
- **Prior Authorization Support**
- **Appeal and Triage Support**
- **Support Team Hours 8:30AM to 5PM Eastern Time**



KeraStat® Cream is an FDA "Cleared" 510k device that has undergone a full panel of safety testing and FDA review. There are currently no other FDA-cleared devices on the market indicated for the management of Radiation Dermatitis.



Enroll your patients today:

E-Prescribe to:
ASPN Pharmacies, LLC.
290 W. Mount Pleasant Ave.
Bldg. 2, 4th Fl, Ste 4210
Livingston, NJ 07039
P: (888) 865-1021
F: (877) 643-1246
NPI: 1538590690
NCPDP: 3147863

Prescribe KeraStat® Cream when you first schedule your patient for radiotherapy. ASPN Pharmacies will support you and your patient when coverage requires prior authorization and appeals.

Let's get started. Increase your patient's quality of life.

Step 1: Escribe Online.



Search your escribe platform for "ASPN Pharmacies" or FAX a completed and signed New Prescription Fax Request to 877-643-1246. (NOTE: KeraStat® Cream is not yet covered under Medicare/Medicaid). To streamline Step 1, please be sure to include the following information:

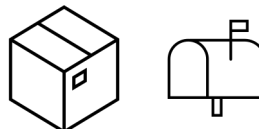
- Patient insurance information
- Patient contact information
- Patient medical information
- Provider name and NPI
- Prescription information

Step 2: ASPN Pharmacies will contact your patient.



ASPN Pharmacies will contact your patient by phone and/or text after receiving the complete prescription information from you. Your patient will be asked basic questions about shipping, coverage, and payment. If the patient hasn't been contacted after 24 hours, please instruct them to call 888-865-1021.

Step 3: KeraStat® Cream is delivered.



KeraStat® Cream will be delivered directly to your patient. Once ASPN Pharmacies processes any copay benefits your patient may be eligible for, ASPN will contact your patient to have their prescription delivered through a mail order pharmacy.

If you have any questions about this process, please call ASPN Pharmacies at 1- 888-865-1021.



KeraStat® Cream and KeraNetics™ are registered trademarks of KeraNetics, Inc.

Manufactured for: KeraNetics, Inc. 200 East First St., Suite 102, Mailbox 4. Winston-Salem, NC 27101.

Distributed by: ASPN Pharmacies, LLC. 290 W. Mount Pleasant Ave., Bldg. 2, 4th Floor, Suite 4210, Livingston, NJ 07039.

KeraStat® Cream is an FDA-cleared medical device.





KeraStat® Cream for Radiation Dermatitis

New Prescription Fax Request for:  Pharmacies				
FAX: 877-643-1246		Phone: 888-865-1021		
NPI: 1538590690		NCPDP: 3147863		
Office/Clinic:		Address:		
Phone:	Fax:	City:	State:	Zip
Prescriber:		NPI#:		
Patient Information:				
Name:		Age:	DOB: / /	
Sex:	Allergies:			
Allergies Cont.:				
Other Medications:				
Other Medical Conditions:				
Address:				
City:		State:	Zip Code:	
Phone:		Alt. Phone:		
Cell (Important for text):		Work Phone:		
Email:				
Patient Insurance Information: (Very important to minimize callback and get the prescription filled timely)				
Member ID/Subscriber ID:		Rx BIN:		
Rx PCN:		Group ID/Rx Group:		
Additional Information:				
Prescription Information:				
KeraStat Cream 1 oz. (29.6 mL) NDC: 60006-0934-01		Quantity: 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>		Refills: 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
Directions:				
Instructions for Pharmacy:				
Other Notes:				
Provider Signature:			Date:	