

## Theramex Starter Pack Request

Please complete the below form in CAPs, sign and return via email to <u>communications.au@theramex.com</u>

Please note all fields are mandatory\* – Theramex will not process forms not completed in full.

| Title*  | First / Last name*  |   |
|---|---|---|
| AHPRA ID*   |   |   |
| Clinical Position*  |   | _   |
| Practice / Hospital name*   |   | _   |
| Practice address*   |   | Please note the address must<br>be a valid practice address.<br>PO Boxes will not be accepted |
| Phone number*   |   |   |
| Doctor's Signature*   |   | Requests must be signed by<br>AHPRA registered Health Care<br>Professional                    |
| No. of starterpacks required *  |   |   |
| Intrarosa <sup>®**</sup> 6.5mg prasterone Indicated for the treatment of vulvar and vaginal atrophy in postmenopausal women having moderate to severe symptoms. | Maximum of 3 starter packs  | _   |
| Zoely <sup>®**</sup>  |   |   |
| 2.5 mg nomegestrol acetate / 1.5 mg estradiol Indicated for <b>oral contraception</b> -1 x 28 tablet blister pack provided per starter pack                     | Maximum of 3 starter packs  | _   |
| **Please note Starter Packs can only be requested b   | by a Schedule 4 prescriber. All requests will need to be verified prior t | o dispatch.   |

PBS Information: Intrarosa®. This product is not listed on the PBS.

Please review the Product Information before prescribing Intrarosa®. Full Production Information is available from Medical Information: 1800 THERAMEX (1800 843 726) or online

PBS Information: Zoely<sup>®</sup>. This product is not listed on the PBS.

Please review the Product Information before prescribing Zoely®. Full Production Information is available from Medical Information: 1800 THERAMEX (1800 843 726) or online

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