

Writing prescriptions correctly for VILTEPSO®

VILTEPSO Prescription Form

The image shows a sample of the VILTEPSO Prescription Form. It is a white form with blue and green accents. The form is titled 'VILTEPSO Prescription Form for VILTEPSO (viltolarsen)'. It includes sections for 'Physician Information', 'Patient Information', and 'Prescription Information'. The form is divided into three main sections: 'STEP 1: FILL OUT THE PHYSICIAN INFORMATION', 'STEP 2: FILL OUT THE PATIENT & PRESCRIPTION INFORMATION', and 'STEP 3: FILL OUT THE PRESCRIPTION INFORMATION'. The form is designed to be filled out by a healthcare provider. It includes fields for the physician's name, facility, address, NPI #, and contact details. It also includes fields for the patient's name, date of birth, weight, and dose. The form is designed to be filled out by a healthcare provider. It includes fields for the physician's name, facility, address, NPI #, and contact details. It also includes fields for the patient's name, date of birth, weight, and dose. The form is designed to be filled out by a healthcare provider. It includes fields for the physician's name, facility, address, NPI #, and contact details. It also includes fields for the patient's name, date of birth, weight, and dose.

Incorrectly written prescriptions can lead to treatment delays. This can happen more often for weight-based, IV-administered medications such as VILTEPSO.

This instruction guide walks you through the key steps and important points of using our VILTEPSO Prescription Form. Because remember – *writing prescriptions for VILTEPSO accurately helps minimize a patient's time to therapy*. The prescription form can be found at Viltepso.com/support.

KEEP IN MIND

Prescribing laws vary by state, so it's important to follow specific state requirements for each patient.

Key steps to follow when writing a VILTEPSO prescription:

STEP 1: FILL OUT THE PHYSICIAN INFORMATION

- Physician's Name
- Facility
- Address
- NPI #
- Contact Details (in case an issue arises or any clarification is needed)

STEP 2: FILL OUT THE PATIENT & PRESCRIPTION INFORMATION

- Patient's Name
- Date of Birth
- Weight (in kilograms)
 - **This is very important** since VILTEPSO is a weight-based product (one weekly dose is 80 milligrams per kilogram)
- Dose & Directions
 - Multiply the patient's weight (in kg) by 80 to get their weekly dose (in mg) – for example, if a patient weighs 10 kg, then their weekly dose of VILTEPSO will be 800 mg
 - Input the dose calculation in the directions box – for example, 800 mg every week

- Days Supply
 - Depending on payer coverage, VILTEPSO might be dispensed either as a *pharmacy benefit* (4 weeks at a time) or a *medical benefit* (1-2 weeks at a time) – *in either case, you can check the “28” box*
 - If this is **not** the case, you can check the “Other” box and fill as appropriate
- Refills
 - Prescriptions for VILTEPSO are typically valid for a year – *but be sure to keep track of the patient's weight as the year progresses, and make adjustments to their dose of VILTEPSO as needed*

STEP 3: COMPLETE THE REQUIRED LEGAL INFORMATION

- Physician's Printed Name
- Date
- Signature

REMEMBER: Writing correct prescriptions for VILTEPSO helps minimize a patient's time to therapy!

Indication: VILTEPSO is indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 53 skipping. This indication is approved under accelerated approval based on an increase in dystrophin production in skeletal muscle observed in patients treated with VILTEPSO. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

Important Safety Information

Warnings and Precautions: Kidney toxicity was observed in animals who received viltolarsen. Although kidney toxicity was not observed in the clinical studies with VILTEPSO, the clinical experience with VILTEPSO is limited, and kidney toxicity, including potentially fatal glomerulonephritis, has been observed after administration of some antisense oligonucleotides. Kidney function should be monitored in patients taking VILTEPSO. Serum creatinine may not be a reliable measure of kidney function in DMD patients.

Serum cystatin C, urine dipstick, and urine protein-to-creatinine ratio should be measured before starting VILTEPSO. Consider also measuring glomerular filtration rate before starting VILTEPSO. During treatment, monitor urine dipstick every month, and serum cystatin C and urine protein-to-creatinine ratio every three months.

Urine should be free of excreted VILTEPSO for monitoring of urine protein. Obtain urine either prior to VILTEPSO infusion, or at least 48 hours after the most recent infusion. Alternatively, use a laboratory test that does not use the reagent pyrogallol red, which has the potential to generate a false positive result due to cross reaction with any VILTEPSO in the urine. If a persistent increase in serum cystatin C or proteinuria is detected, refer to a pediatric nephrologist for further evaluation.

Adverse Reactions: The most common adverse reactions include upper respiratory tract infection, injection site reaction, cough, and pyrexia.

To report an adverse event, or for general inquiries, please call NS Pharma Medical Information at 1-866-NSPHARM (1-866-677-4276).

For more information about VILTEPSO, see full [Prescribing Information](#).