

Transdermal Verapamil 15% Gel

Helpful Tools

for Dupuytren's Disease

Table of Contents

The tools in this packet will help you save money and communicate better with your doctor about your condition and improvements as you go through treatment. Click on a link below to view a section of this packet.

[Transdermal Verapamil 15% Gel discount voucher](#) - Submit the voucher with your prescription and receive an additional \$90 off the usual 10% discount offered on a 90 day prescription.

[Symptom checklist](#) - This checklist of common symptoms of Dupuytren's disease will help you provide specifics about your condition to your doctor.

[Questions for the doctor](#) - This tool includes questions that doctors are often asked by Dupuytren's disease patients that you may want to ask your doctor as well as space for you to write down your own questions.

[Progress report card](#) - Use this tool to track and communicate with your doctor what changes and improvements you are seeing in your condition at each office visit.

[Insurance questionnaire](#) - This tool will help guide your conversation with your insurance company to determine if your insurance will reimburse you for Transdermal Verapamil 15% Gel.

Receive an additional \$90 dollars off a 90 day prescription of Transdermal Verapamil 15% Gel

PDLabs is offering patients an additional \$90 off a 90 day supply of Transdermal Verapamil 15% Gel. This savings is in addition to the 10% discount already offered on a 90 day prescription.

How to redeem this voucher

You must have a valid prescription from your doctor for a 90 day prescription of Transdermal Verapamil 15% Gel. Print this voucher and submit it with your 90 day prescription to PDLabs via fax at 1-866-687-2217. If your doctor has sent your prescription directly to PDLabs, print this voucher and submit it at the same fax number and indicate below that your prescription has already been sent in.

Please check one:

- I am submitting my prescription with this voucher.
- My doctor has sent my prescription to PDLabs and I am submitting the voucher only.

Patient's name: _____
(Please Print)

Patient's signature: _____

Date: _____

Voucher Code: TVG208A

Dupuytren's Disease Symptom Checklist

Use the checklist of common symptoms below to help your doctor understand what you are experiencing and how your condition is affecting you. This will help them to decide what the best possible treatment options are for your specific case.

Left Hand

Firm lumps

How many? _____

Where is it located? _____

Cords

How many? _____

Where is it located? _____

Dermal pits

How many? _____

Where is it located? _____

Pain on a scale of 1 to 10 _____

Finger contracture

Which fingers? _____

Approximately how many degrees of contracture?

(assume fingers laying perfectly flat on a table top to be 0 degrees and contracted completely to the palm 180 degrees) _____

Right Hand

Firm lumps

How many? _____

Where is it located? _____

Cords

How many? _____

Where is it located? _____

Dermal pits

How many? _____

Where is it located? _____

Pain on a scale of 1 to 10 _____

Finger contracture

Which fingers? _____

Approximately how many degrees of contracture?

(assume fingers laying perfectly flat on a table top to be 0 degrees and contracted completely to the palm 180 degrees) _____

How much did the contracture interfere with your normal work, including work outside the home and housework during the past week?

Not at all A little bit Moderately Quite a bit Unable to work

How much does your contracture interfere with your life and ability to do simple tasks?

Not at all A little bit Moderately Quite a bit It completely prevents normal life

Use this area to note anything else you have noticed.

Questions for the Doctor

Most of us have visited our doctor and remembered the one question we really wanted to ask five minutes after we left. Using this tool will help make sure that you are prepared for your appointment and that you remember all of your questions.

Doctors are commonly asked the questions below about Dupuytren's disease. Check off the questions you want to be sure to ask:

- How did I get this condition?
- Are the lumps cancerous?
- Why are the lumps painful?
- Will the lumps get smaller on their own over time?
- I have lumps in my feet and/or penis as well. Are they related?
- Are there other parts of the body that the condition can affect?
- Is the condition hereditary?
- What are the different treatment options?

Use this area to write down your specific questions.

Progress Report Card

Before each visit with your doctor use this helpful tool to record the changes you have seen since your last visit. You might be surprised how quickly you will forget about symptoms as they improve. This will help to identify improvements in areas that you may have forgotten about, or that are not improving that you can talk to your doctor about.

Date: _____

Firm lumps

How many? _____

Is it smaller? Yes No

Approximately how much? _____

Is it softer? Yes No

Approximately how much? _____

Cords

How many? _____

Is it smaller? Yes No

Approximately how much? _____

Is it softer? Yes No

Approximately how much? _____

Dermal pits

How many?

Is it less indented? Yes No

Approximately how much? _____

Pain on a scale of 1-10 _____

Finger contracture

Approximately how many degrees of contracture?
(assume fingers laying perfectly flat on a table top
to be 0 degrees and contract completely to the
palm 180 degrees) _____

How much did the contracture interfere with your
normal work, including work outside the home and
housework during the past week?

Not at all A little bit Moderately

Quite a bit Unable to work

How much does your contracture interfere with your
life and ability to do simple tasks?

Not at all A little bit Moderately

Quite a bit It completely prevents normal life

Date: _____

Firm lumps

How many? _____

Is it smaller? Yes No

Approximately how much? _____

Is it softer? Yes No

Approximately how much? _____

Cords

How many? _____

Is it smaller? Yes No

Approximately how much? _____

Is it softer? Yes No

Approximately how much? _____

Dermal pits

How many?

Is it less indented? Yes No

Approximately how much? _____

Pain on a scale of 1-10 _____

Finger contracture

Approximately how many degrees of contracture?
(assume fingers laying perfectly flat on a table top
to be 0 degrees and contract completely to the
palm 180 degrees) _____

How much did the contracture interfere with your
normal work, including work outside the home and
housework during the past week?

Not at all A little bit Moderately

Quite a bit Unable to work

How much does your contracture interfere with your
life and ability to do simple tasks?

Not at all A little bit Moderately

Quite a bit It completely prevents normal life

Insurance Questionnaire

Many insurance companies do reimburse patients for Transdermal Verapamil 15% Gel, but some do not. The questions below will help you to determine what your insurance coverage will be. Upon filling your prescription, we provide you with a paid invoice and a Universal Claim Form to be submitted to your insurance carrier for reimbursement.

Questions to Ask Your Insurance Carrier:

- 1) Does my plan cover compounded prescriptions?
- 2) If so, at what rate am I covered? What percentage of coverage can be expected?
- 3) I have a prescription for a compounded medication containing Verapamil Hydrochloride (NDC #38779-0275-04) and would like to ensure that it is on your drug formulary. Please confirm the NDC# is covered under my plan.
- 4) This medication is a patented, sole source drug, and I am required to go out of network and pay “out of pocket.” Does this alter the percentage of reimbursement? If so, how?
- 5) Does my plan have a specific claim form that should be used to submit my claim? If so, please send several to my address.
- 6) What address should I mail my claims to?
- 7) The length of treatment is expected to be 6 to 12 months. If I fill the prescription for 90 days at a time, the pharmacy has stated that there is a cost savings of 10% and a 20% savings for a 180 day prescription. Will my plan cover filling multiple months at a time, or does it state a certain number of days allowed?
- 8) Due to the proprietary nature of this compound, a detailed list of ingredients will not be available. How will this affect my reimbursement?
- 9) Is a prior authorization required for reimbursement?
- 10) Will you please provide your name and direct extension?

Please write down the name of the person you spoke with, their extension, the date and time of the conversation, and any specific answers that were given so that you may contact that same person for follow-up at a later date if needed. After you have spoken with your insurance company, PDLabs will help to answer any questions you have. Please call us at 1-800-687-9014.