Please complete and submit this form by fax to **1-844-276-9449** or by email to **qolsupport@medvantx.com**

QOL Medical

Gimoti® (metoclopramide) nasal spray

SAMPLE REQUEST FORM | SRF

Please Note: In compliance with the Prescription Drug Marketing Act regulations, incomplete request forms cannot be processed, and samples will not be forwarded. (*Indicates a required field)

Gimoti® (metoclopramide) nasal spray

GIMOTI® (metoclopramide) nasal spray, 15mg 10 mL glass bottle w/ spray pump, cap, and safety clip in carton with FDA approved patient labeling

1 **Quantity of Samples*** (min 2 - max 6 per month):

2 PRACTITIONER INFORMATION

Practitioner Designation* ☐ MD ☐ DO ☐ NP ☐ PA ☐ OTHER

First Name*:		NPI #*:	
Last Name*:		State License #*:	
Facility Name:		State License Exp. Date:	
Address*:	City*:	State*:	Zip*:
Phone:	Contact Email:		
Office Contact Name:	Office Contact Phone:	Office Contact Fax:	

Samples will not be delivered to a PO Box; please provide your practicing address.

3 I certify that I am a currently licensed practitioner eligible to request, receive, prescribe, and dispense these samples and certify the address that I provided is a practicing address. If I am a Nurse Practitioner or Physician Assistant, I certify that I am authorized and eligible in the state in which I am practicing to request and receive these samples; and, if required by my state, I have my supervising Physician's approval to do so. I have requested these samples for the medical needs of my patients and I will not sell, resell, trade, barter, return for credit or seek third-party reimbursement for them. I understand that neither I nor patients who receive samples are obligated in any way to prescribe or purchase Gimoti®.

Practitioner Signature*:

Date*:

IMPORTANT: Practitioner must sign and date. **No signature stamps accepted.**

BOXED WARNING: TARDIVE DYSKINESIA

- **Metoclopramide, including GIMOTI, can cause tardive dyskinesia (TD), a potentially irreversible serious movement disorder. In patients treated with metoclopramide, including GIMOTI, the risk of developing TD increases with duration of treatment and total cumulative dosage.**
- **GIMOTI is contraindicated in patients with a history of TD.**
- **Use GIMOTI for the shortest duration of treatment and periodically reassess the need for continued treatment.**
- **Immediately discontinue GIMOTI in patients who develop signs or symptoms of TD.**
- **Avoid a total duration of treatment with metoclopramide products, including GIMOTI, for longer than 12 weeks. If longer-term use is unavoidable, routinely monitor for signs and symptoms of TD.**