mahana THERAPEUTICS

How to Prescribe Mahana IBS

The only FDA-cleared prescription mobile app that delivers cognitive behavioral therapy for IBS.

IS THIS RIGHT FOR MY PATIENTS?

Mahana IBS is intended for adults ages 22 and up whose primary language is English and who have access to an Apple iOS or Android mobile device (phone/tablet) and internet connectivity.

When identifying suitable patients, it's important to discuss the required time commitment (typically under 10 minutes a day) and if that seems feasible.

Mahana IBS can be used with any other IBS treatments patients may be using.

HOW TO PRESCRIBE MAHANA

Step 1: Send patient's prescription to Blink Pharmacy via:

- **EMR:** E-prescribe to eRx: Blink Pharmacy Plus U.S. in your EMR's dropdown
- **Phone:** 1-844-764-0576
- **Fax:** 1-866-347-7092

Step 2: Blink Pharmacy contacts patient to review the prescription, answer any questions, and ensure that Mahana stays at zero cost to them

- Once Mahana IBS has been prescribed for your patient, the patient will receive a text message from Blink Pharmacy with instructions on next steps.
- After insurance information is processed, patients will receive an email from Mahana in 24 to 48 hours when the full program is available.
- Patients can download the Mahana IBS app from the App Store® or on Google Play™ to get started with the first session, even before the prescription is fulfilled.

Step 3: Patients start treatment immediately

- Once the patient downloads the Mahana IBS app, they can begin completing sessions, answering questions, and reporting on their symptom severity.
- After 90 days from the start of prescription, the application will no longer allow progression or unlock new content. However, the patient may access existing content previously unlocked. Prescriptions can be renewed to unlock further modules.

Please refer to Mahana IBS Clinician Information Sheet for Indications for Use and Important Safety Information.

BLINK HEALTH

Please sign and fax complete form to Blink Pharmacy at:
FAX: 1 (866) 347-7092
PHONE: 1 (844) 764-0576

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Any questions?
Call 844-624-0544

Patient Information

First Name: _____ MI: _____ Last Name: _____

DOB (mm/dd/yyyy): ____ / ____ / ____ ○ Male ○ Female

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternative Phone: _____

Healthcare Provider Information

HCP Name: _____ ○ MD ○ DO ○ PA ○ NP

State License#: _____ Physician NPI#: _____

Office Name: _____ Phone: _____ Fax: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Contact Name: _____ Office Contact Phone: _____

Office Contact Email: _____

Patient Insurance Information

Please include a copy of the front and back of patient's prescription insurance card(s).

Prescription Information

Mahana IBS

Directions for use: ○ Use as directed ○ Other: _____

Quantity: 1

Refill (please circle): 0 1 2 3

Patient Insurance Information

I authorize the forwarding of this prescription and the information to Blink Pharmacy.

SIGN HERE

Prescriber Signature (No Stamps) Date:

x _____ ____ / ____ / ____