

Ordering, Reimbursement, and Medical Information

ORDER SOLESTA DIRECTLY

Phone: 1-844-350-9656

Fax: 1-855-228-9475

Email: palettecs@eversana.com

**Inquiries related to account set up and product orders only*

[SEE SOLESTA ORDER FORM →](#)

DESCRIPTION	CATALOGUE NO.	WHOLESALE ACQUISITION COST
Solesta Injectable Gel Pack Of 4 (1 mL) Syringes & 4 Needles	011506	\$5,869.76 <small>**Please note that the above wholesale cost denotes the acquisition price for the purchase of Solesta by Healthcare Institutions, Healthcare Professionals, and Specialty Pharmacies. Product that is purchased on a prescription basis through a Specialty Pharmacy is subject to further cost increases above the wholesale cost at the Specialty Pharmacy's sole discretion.</small>

SOLESTA REIMBURSEMENT ASSISTANCE PROGRAM (SRAP)

Submit a Patient Enrollment Form (PEF) to receive a complementary benefits review and patient-specific billing instructions prior to ordering the product

Phone: 1-877-546-7150

Fax: 1-513-506-7361

Hours: Monday – Friday, 9 a.m. – 6 p.m. ET

[SEE PATIENT ENROLLMENT FORM \(PEF\) →](#)

SOLESTA TEMPORARY REBATE INITIATIVE (TRI)

Enter into the TRI Agreement, follow the requirements, and order Solesta with confidence that you are not at risk of being out-of-pocket for any product acquisition cost that is under-reimbursed by payors in a Buy & Bill scenario

All executed TRI Agreements and completed TRI Request Forms should be faxed to EVERSANA at the number below

Phone: 1-844-350-9656

Fax: 1-513-506-7361

Hours: Monday – Friday, 9 a.m. – 6 p.m. ET

[SEE TRI AGREEMENT →](#)

MEDICAL INFORMATION DEPARTMENT

For product information, adverse event reports, and product complaint reports, please contact:

Palette Life Sciences Medical Information Department

Phone: 1-844-350-9656

Fax: 1-510-595-8183

Email: palettemc@eversana.com