

Pertzye[®]
(pancrelipase) 
Delayed-Release Capsules

In partnership with



My EPI Plan[™] provides Registered Dietitian led medical nutrition therapy (MNT) for your patients.

Nutrition-based treatment delivered with ongoing clinical management is designed to reinforce your treatment plan, including prescribed therapies such as Pertzye[®], improve adherence, and support better patient outcomes between office visits.

To refer a patient...

Complete the referral form on back

Fax to: (877) 778.7043

(Pentec will contact the patient to schedule)

MyEPI Plan

Extend Your Care Beyond the Visit



Eligible patients receive up to 3 FREE hours of nutrition counseling



What Your Patients Get

For patients on Pertzye^{1,2}, they'll receive 3 FREE hours of nutrition counseling with a registered dietitian.



How This Supports Your Practice

- Reinforces your prescribed treatment plan through ongoing clinical nutrition management
- Extends care beyond the office without adding staff burden
- Provides ongoing communication between patient and dietitian to support patient's nutrition progress



Clinical Nutrition Interventions

- Comprehensive nutrition assessment to identify malnutrition risk factors
- Education on enzyme therapy, including how to take Pertzye and the importance of adherence
- Identification and management of symptoms
- Personalized nutrition treatment plans aligned to diagnosis and prescribed therapy
- Flexible care delivery via telehealth or in-person (*where available*)

¹ This program is available to eligible patients prescribed Pertzye.

² Patients receiving Medicare, Medicaid, TRICARE, Veterans Affairs (VA), or that are participating in any other state or federally subsidized pharmacy benefit program are not eligible for this program.

MyEPIPlan[™] is administered by Pentec Health, Inc. in partnership with Digestive Care, Inc.



1120 Win Drive, Bethlehem, PA 18017-7059
Voice: 1-877-882-5950 | Fax: 610-882-0349 | www.pertzye.com

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Pertzye Nutrition Counseling Referral		Email: MNT@pentechealth.com
Referral Date:		Phone: 833-369-3663
Office Contact:		Fax: 877-778-7043
Office Phone:		
Office Fax:		
Patient Information		
Patient Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Address:		
Phone:	Email Address:	
Diagnosis (GI related diagnosis):		
Pertzye Start Date:		
Insurance: <i>Note: Program is sponsored by DCI. Patients with government sponsored plans are not eligible for program</i>		
Referral Detail		
✓ Nutritionist Consultation for Medical Nutrition Therapy		
Healthcare Provider		
Print Name:	NPI:	
Address:		
Signature:	Date:	

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