

HEREDITARY ANGIOEDEMA (HAE) ACUTE TREATMENT FORM
1 PATIENT INFORMATION

(Please complete the following or send patient demographic sheet)

 Patient Name: _____
 Primary Phone: _____
 DOB: _____ Gender: _____
 Address: _____

 Allergy: _____
 Patient Weight: _____
 Diagnosis: D84.1 Other _____

2 PRESCRIBER INFORMATION

 Prescriber's Name: _____
 Contact Person: _____ Phone: _____
 NPI #: _____
 Address: _____

 City, State, Zip: _____
 Phone: _____ Fax: _____

3 INSURANCE INFORMATION (Please copy and attach the front and back of insurance and prescription drug card)

4 CATHETER ACCESS AND FLUSH PROTOCOL (If Applicable)

ACCESS TYPE	CATHETER FLUSH ORDERS
Peripheral	0.9% Saline Flush: Dispense: 30 Days Refills: PRN x 1yr Flush line/port with 10mL for patency/SASH protocol.
PORT (Also include Peripheral IV PRN Port Malfunction)	Heparin Flush: Dispense: 30 Days Refills: PRN x 1yr Flush port with _____ mL of Heparin _____ units/mL per SASH protocol.

5 PRESCRIPTION INFORMATION Please check the following:

MEDICATION	DOSE	DIRECTIONS	DAY SUPPLY	QUANTITY	REFILLS
<input type="checkbox"/> BERINERT® (C1 Esterase inhibitor [human])	20 IU/kg	_____	_____	_____	_____
EKTERLY® (sebetralstat) To prescribe EKTERLY® (sebetralstat), please download the enrollment form from orsini.com/ekterly					
<input type="checkbox"/> FIRAZYR® (icatibant) injection <input type="checkbox"/> Icatibant acetate (generic)	30 mg prefilled syringe	Inject 1 syringe (30mg) subcutaneously in the abdominal area. If response is inadequate or symptoms recur, additional injections of 30mg may be administered at intervals of at least 6 hours.	_____	_____	_____
<input type="checkbox"/> KALBITOR® (ecallantide) injection	30 mg	Administer 30mg (3mL) SC in three 10mg (1mL) injections as needed for acute HAE attack. Dose may be repeated within a 24 hour period.	_____	_____ boxes of three 10mg (1mL) vials	_____
RUCONEST® (C1 esterase inhibitor [recombinant]) To prescribe RUCONEST® (C1 esterase inhibitor [recombinant]), please download the enrollment form from www.orsini.com/ruconest .					
SAJAZIR™ (icatibant) To prescribe SAJAZIR™ (icatibant), please download the enrollment form from www.orsini.com/sajazir .					

6 PHYSICIAN SIGNATURE (Required)

X _____ PRODUCT SUBSTITUTION PERMITTED	X _____ DISPENSE AS WRITTEN
Date of Signature	Date of Signature

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.

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7 ADDITIONAL INSTRUCTIONS

SITE OF CARE

- ☐ Self/caregiver administration training # visits ordered _____ or ☐ competent
☐ Home Health Nursing

NURSING INSTRUCTIONS

1. Gain IV access prior to mixing (if applicable).
2. Mix and administer _____ according to package insert (main recommendation)

IN CASE OF EMERGENCY

1. Stop medication
2. Call doctor
3. Administer emergency med if ordered in box _____

ADMINISTER EMERGENCY MEDS PER PHYSICIAN ORDERS #q.s. for each drug. Refill: PRN x 1 year

For severe anaphylaxis, administer prescribed epinephrine.

If severe symptoms persist, may repeat. **(Please select epinephrine dose):**

epinephrine 0.3 mg autoinjector IM (patients >30 kg)

epinephrine 0.15 mg autoinjector IM (patients <30 kg)

- ☐ Diphenhydramine _____ mg IV push over 2-5 minutes for Infusion Reaction
☐ Corticosteroid (specify drug and dose):

Other: _____

**For severe hypersensitive reaction, stop infusion, administer epinephrine
Autoinjector IM - may repeat in 20 minutes if needed. Call 911.**

8 PHYSICIAN SIGNATURE (Required)

X

PRODUCT SUBSTITUTION PERMITTED

Date of Signature

X

DISPENSE AS WRITTEN

Date of Signature

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