

HEREDITARY ANGIOEDEMA (HAE) PROPHYLACTIC 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
ANDEMBRY® (garadacimab-gxii) To prescribe ANDEMBRY® (garadacimab-gxii), please download the enrollment form from www.orsini.com/andembry					
<input type="checkbox"/> CINRYZE® (C1 esterase inhibitor [human])	_____ max 100 IU/kg up to 2500 IU	_____	_____	_____	_____
DAWNZERA™ (donidalorsen) injection To prescribe DAWNZERA™ (donidalorsen), please download the enrollment form from www.orsini.com/dawnzera					
<input type="checkbox"/> HAEGARDA® C1 Esterase Inhibitor Subcutaneous [human])	_____ max 60 IU/kg	_____	28 Days	<input type="checkbox"/> 2000 IU # of vials _____ <input type="checkbox"/> 3000 IU # of vials _____	13
<input type="checkbox"/> TAKHZYRO® (lanadelumab-flyo) injection	150 mg 300 mg	Administer subcutaneously every 2 weeks (bi-weekly) Administer subcutaneously once monthly (monthly)	28 Days	2 pre-filled syringes (biweekly) 1 pre-filled syringe (monthly)	13

6 PHYSICIAN SIGNATURE (Required)

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

HEREDITARY ANGIOEDEMA (HAE) PROPHYLACTIC TREATMENT FORM

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)

<p>X _____ PRODUCT SUBSTITUTION PERMITTED _____ Date of Signature</p>	<p>X _____ DISPENSE AS WRITTEN _____ Date of Signature</p>
--	---

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.