

Four simple steps to submit your referral.

1 PATIENT INFORMATION

New patient Current

Patient's name _____
 Date of birth _____ Male Female Last 4 digits of SSN _____
 Street address _____ Apt # _____
 City _____ State _____ Zip _____
 Parent/guardian (if applicable) _____
 Home phone _____ Work phone _____ Cell phone _____
 Evening phone _____ E-mail address _____
 Patient's primary language: English Other If other, please specify _____

Please attach front and back of patient's insurance cards or complete information below.

Insurance company _____ Phone _____
 Insured's name _____
 Insured's employer _____ Relationship to patient _____
 Identification # _____ Policy/group # _____
 Prescription card: Yes No If yes, carrier _____
 Policy # _____ Group # _____ Is patient eligible for Medicare? Yes No
 Does patient have a secondary insurance? Yes No

2 PRESCRIBER INFORMATION

All fields must be completed to expedite prescription fulfillment.

Date _____ Time _____ Date medication needed _____
 Prescriber's name and title _____
 If NP or PA, under direction of Dr. _____
 Office contact _____
 Clinic/hospital affiliation _____
 Street address _____ Suite # _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 NPI # _____ License # _____
 Deliver product to: Office Patient's home Clinic
 Clinic location _____

3 CLINICAL INFORMATION

Primary ICD-10 code: _____
Baseline ammonia level _____ umol/L **Test date** _____ **Patient wt** _____ kg **Date wt obtained** _____
 Clinical impression _____
 NKDA Known drug allergies _____
 Concurrent meds _____

Please fax completed form to the Carbaglu team at 888.454.8488.
 To reach your team, call toll-free 888.454.8860.

4 PRESCRIBING INFORMATION

Medication	Strength / Formulation	Directions	Quantity/Refills
<input type="checkbox"/> Carbaglu® (carglumic acid)	200 mg tablet	<p><i>Acute hyperammonemia due to NAGS deficiency:</i> Recommended initial dose range is 100 mg/kg/day to 250 mg/kg/day divided into 2–4 doses per day.</p> <p><i>Maintenance therapy for chronic hyperammonemia due to NAGS deficiency:</i> Adjust dose to maintain normal plasma ammonia levels.</p> <p>Prescribed dose Total daily dose is _____ g; equaling _____ tablets per day (to be divided into 2–4 doses per day.) Dissolve _____ 200 mg tablets in a minimum of 2.5 mL of water per tablet and take immediately. Take this dose _____ times per day. Do not swallow the tablets whole or crushed. Refrigerate until first use, then store at room temperature up to one month (see full PI for more information).</p>	<p><input type="checkbox"/> Quantity of bottles _____ (60 tablets per bottle) Refills _____</p> <p><input type="checkbox"/> Quantity of bottles _____ (5 tablets per bottle) Refills _____</p>
<input type="checkbox"/> Oral syringe		As needed for administration	Send quantity sufficient for medication days supply

ATTENTION: If this is an emergency (STAT) order OR for a hospital inpatient, please call 877.900.9223. This form is for non-emergency maintenance prescriptions only.

If shipped to physician's office, physician accepts on behalf of patient for administration in office.
 By signing below, I certify that Carbaglu therapy is necessary for this patient, and I will be supervising the patient's treatment accordingly.
 Prescriber's signature (sign below) (Physician attests this is his/her legal signature. **NO STAMPS**)
PHYSICIAN SIGNATURE REQUIRED
 Date _____ Dispense as written _____ Date _____ Substitution allowed _____
 The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-compliance with state specific requirements could result in outreach to the prescriber.

THIS AREA INTENTIONALLY LEFT BLANK.

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 AHG-00388-091815 amc1552