

*Indicates required field

PATIENT INFORMATION

*Patient Name (Last, First):

*Date of Birth: Weight: (lbs) Gender: M F

Address: *(Cannot be a PO Box)* *SSN (last 4 digits):

*City: State: Zip:

*Cell: *Home Phone:

Other phone:

*Email: Yes, I want to receive AUVI-Q updates and other helpful information via email.

If minor, Parent/Caregiver/Guardian Name (Last, First):

I authorize kaléo and ASPN Pharmacies, LLC to send me text messages about my AUVI-Q order to the above stated cell phone number(s). I understand that standard data fees and text messaging rates may apply based on my plan with my mobile phone carrier. The termination of this authorization can be implemented at any time by calling (844) 357-3968.

Patient's Signature

Date of Signature

PRESCRIPTION INFORMATION

*Patient Name (Last, First):

Drug: **AUVI-Q® (epinephrine injection, USP)** 0.15 mg 0.3 mg

*Date: Refills:

*Quantity: 1 (one) Carton (2 (two) auto-injectors and 1 (one) Trainer)
 2 (two) Cartons (4 (four) auto-injectors and 2 (two) Trainers)

*Sig (Directions): PRN For severe allergic reactions, including anaphylaxis, as directed

*Delivery Options: Deliver to Patient's Home
 Deliver to Prescriber's Office

PROVIDER ATTESTATION

By signing below, I verify that the information being disclosed in this enrollment form is complete and accurate to the best of my knowledge. I understand that ASPN Pharmacies, LLC (ASPN) reserves the right at any time and for any reason, without notice, to modify this enrollment form or to modify or discontinue any services or assistance provided through this Program. Finally, I authorize ASPN as my designated agent to use and disclose my patient's protected health information as may be necessary for treatment, payment, and healthcare operations, including to verify the accuracy of any information provided, to verify patient eligibility, to provide for payment and reimbursement, and to forward the above prescription information, by fax or other mode of delivery, to a pharmacy for fulfillment. Finally, I allow ASPN to email me regarding prescription status updates and act as my prior authorization agent in dealing with prescription and medical insurance companies.

*Prescriber's Signature

*Signature is required to process the prescription.
 Stamped signatures are not permissible.*

(Dispense As Written)

*Date of Signature

PRIMARY PRESCRIPTION INSURANCE

**(1) Fill in fields with pharmacy insurance information (NOT medical), OR
 (2) Fax patient demographic information or patient insurance card along with enrollment form.**

Insurance Name: Pharmacy Insurance Help Desk Phone:

Policyholder Name: Relationship to Patient:

Member ID: Group ID:

Rx BIN: PCN:

PRESCRIBER INFORMATION

*Prescriber Name (Last, First):

*NPI:

*Prescriber's Primary Specialty: Allergy Pediatrics Other

*Prescriber Phone: *Fax:

*Address:

*City: *State: *Zip:

Email:

Tax ID: DEA:

PRESCRIBER OFFICE CONTACT INFORMATION

*Office Contact Name (Last, First):

*Email: *Phone:

CLINICAL INFORMATION

Diagnosis:

History of, or at risk for, severe allergic reaction to:

Food Insect Venom Medications Idiopathic
 Other

COMMENTS:

Indication

AUVI-Q[®] (epinephrine injection, USP) is indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis to allergens, idiopathic and exercise-induced anaphylaxis. AUVI-Q is intended for patients with a history of anaphylactic reactions or who are at increased risk for anaphylaxis.

Important Safety Information

AUVI-Q is intended for immediate self-administration as emergency supportive therapy only and is not a substitute for immediate medical care. **In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care.** More than two sequential doses of epinephrine should only be administered under direct medical supervision.

AUVI-Q should **ONLY** be injected into the anterolateral aspect of the thigh. Do not inject intravenously, or into buttock, digits, hands, or feet. Instruct caregivers to hold the leg of young children firmly in place and limit movement prior to and during injection to minimize the risk of injection-related injury.

Rare cases of serious skin and soft tissue infections have been reported following epinephrine injection. Advise patients to seek medical care if they develop any of the following symptoms at an injection site: redness that does not go away, swelling, tenderness, or the area feels warm to the touch.

Epinephrine should be administered with caution to patients with certain heart diseases, and in patients who are on medications that may sensitize the heart to arrhythmias, because it may precipitate or aggravate angina pectoris and produce ventricular arrhythmias. Arrhythmias, including fatal ventricular fibrillation, have been reported in patients with underlying cardiac disease or taking cardiac glycosides or diuretics. Patients with certain medical conditions or who take certain medications for allergies, depression, thyroid disorders, diabetes, and hypertension, may be at greater risk for adverse reactions. Common adverse reactions to epinephrine include anxiety, apprehensiveness, restlessness, tremor, weakness, dizziness, sweating, palpitations, pallor, nausea and vomiting, headache, and/or respiratory difficulties.

Please see the full Prescribing Information and Patient Information at www.auvi-q.com.

You are encouraged to report negative side effects of prescription drugs to the FDA.
Visit www.fda.gov/medwatch or call 1-800-FDA-1088.