Auvi-Q®
epinephrine injection, USP
0.1 mg/0.15 mg/0.3 mg auto-injectors

Direct Delivery Service Patient Enrollment Form

WEB DOWNLOAD

Customer Service: (844) 357-3968
Fax completed form to: (877) 397-7479

*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 permit kaléo to use this information to provide me with AUVI-Q updates and to communicate with me regarding kaléo products, services, and programs.

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)** ☐ 0.1 mg ☐ 0.15 mg ☐ 0.3 mg

*Date:

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

Locations for EAI: ☐ Home ☐ Work ☐ School ☐ Other:

*Sig (Directions): Inject AUVI-Q intramuscularly or subcutaneously into the anterolateral aspect of the thigh, through clothing if necessary. Each device is a single-use injection. PRN for severe allergic reactions, including anaphylaxis, as directed.
Other injection instructions (administration, biphasic reaction, etc.):

*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" and associated pharmacies reserve 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. I authorize ASPN and associated pharmacies as my designated agent(s) 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 and associated pharmacies 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 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 Code (ICD-10):

History of, or at risk for, severe allergic reaction to:
☐ Food ☐ Insect venom ☐ Medications ☐ Idiopathic
☐ Other

Other medications tried and failed: Medication, Start date, Duration

☐ Individual has visual deficits requiring the need for an epinephrine auto-injector (EAI) with audio cues for self administration

☐ Individual has hearing deficits requiring the need for an EAI with visual cues for self administration

☐ Individual is unable to self-administer and there is a need for an EAI with audio or visual cues for appropriate administration by a caregiver.

COMMENTS

See Indication and Important Safety Information on reverse.
Please see full Prescribing Information at www.auvi-q.com.

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Indication
AUVI-Q® (epinephrine injection, USP) is a prescription medicine used to treat life-threatening allergic reactions, including anaphylaxis, in people who are at risk for or have a history of serious allergic reactions.

Important Safety Information
AUVI-Q is for immediate self (or caregiver) administration and does not take the place of emergency medical care. Seek immediate medical treatment after using AUVI-Q. Each AUVI-Q contains a single dose of epinephrine. **AUVI-Q should only be injected into your outer thigh, through clothing if necessary.** If you inject a young child or infant with AUVI-Q, hold their leg firmly in place before and during the injection to prevent injuries. Do not inject AUVI-Q into any other part of your body, such as into veins, buttocks, fingers, toes, hands, or feet. If this occurs, seek immediate medical treatment and make sure to inform the healthcare provider of the location of the accidental injection. Only a healthcare provider should give additional doses of epinephrine if more than two doses are necessary for a single allergic emergency.

Rarely, patients who use AUVI-Q may develop infections at the injection site within a few days of an injection. Some of these infections can be serious. Call your healthcare provider right away if you have 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.

If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have more or longer lasting side effects when you use AUVI-Q. Be sure to tell your healthcare provider about all the medicines you take, especially medicines for asthma. Also tell your healthcare provider about all of your medical conditions, especially if you have asthma, a history of depression, thyroid problems, Parkinson's disease, diabetes, heart problems or high blood pressure, have any other medical conditions, are pregnant or plan to become pregnant, or are breastfeeding or plan to breastfeed. Epinephrine should be used with caution if you have heart disease or are taking certain medicines that can cause heart-related (cardiac) symptoms.

Common side effects include fast, irregular or 'pounding' heartbeat, sweating, shakiness, headache, paleness, feelings of over excitement, nervousness, or anxiety, weakness, dizziness, nausea and vomiting, or breathing problems. These side effects usually go away quickly, especially if you rest. Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

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.