fensolvi® (leuprolide acetate) for injectable suspension | fensolvi totalsolutions®

Please FAX Form to: 1-877-991-1798
Phone: 1-833-213-9520
Mon–Fri: 9AM–8PM ET | Sat: 11AM–3PM ET

In-Home Nursing Order Form

Patient Information

PATIENT NAME (LAST, FIRST)	GENDER ☐ M ☐ F	DOB
ADDRESS		APT NO.
CITY	STATE	ZIP

PARENT/CAREGIVER NAME (LAST, FIRST)		PARENT EMAIL
PARENT PHONE	ALT PHONE	PREFERRED LANGUAGE ☐ English ☐ Spanish ☐ Other:

Practitioner Information

PRACTITIONER NAME (LAST, FIRST)			PRACTICE / HOSPITAL NAME	
ADDRESS				BLDG. / SUITE NO.
CITY	STATE	ZIP	STATE LICENSE NO.	NPI NO.
OFFICE CONTACT		PHONE		FAX

Preferred Method of contact: ☐ Phone ☐ Fax

☐ Due to a number of factors, the above patient is at risk of abandoning the course of therapy I have prescribed without the use of the Fensolvi In-Home Nurse Injection Service.

Product Information Fensolvi® (leuprolide acetate) for injectable suspension 45 mg given every 6 months

I, [Physician / Practitioner] _____, hereby authorize the above patient to participate in the Fensolvi In-Home Nurse Injection Service managed by Fensolvi TotalSolutions®. I understand that the intent of this Service is to provide subcutaneous (SC) injections of Fensolvi (leuprolide acetate) for injectable suspension at the dose prescribed by me in my patient's home by a nurse trained in administering SC injections to ensure that my patient remains on the prescribed therapy. I understand that anaphylaxis has been observed in post-approval use of products containing leuprolide acetate in pediatric patients. I acknowledge that the patient's participation in this Service is done at my request, and that the administration of the SC injection and overall Service is performed at all times under my supervision. I may terminate at any time my patient's participation in the Service by contacting Fensolvi TotalSolutions at 1-833-213-9520. I further acknowledge that all treatment decisions regarding Fensolvi (including my decision to prescribe Fensolvi) are made based upon my independent clinical judgment. I further acknowledge that my participation in this Service is not intended to influence my prescribing decisions. I will not seek compensation or reimbursement of any kind for the services performed by or through the Service.

Primary Diagnosis: Central Precocious Puberty

Is this the patient's first injection of a GnRH agonist? ☐ Yes ☐ No

If no, list medication:

Date of last injection (if applicable):	**Date to start In-Home Injection Service:**
ADMINISTRATION NOTES (e.g., injection site, drug allergies)	PATIENT ADDRESS IF DIFFERENT FROM ABOVE

Please see Important Safety information on reverse side.

This form must be accompanied by a Fensolvi TotalSolutions Patient Enrollment Form

fensolvi® (leuprolide acetate) for injectable suspension

Epinephrine Prescription

For FIRST-TIME Fensolvi in-home injection patients, please dispense epinephrine to the patient as prescribed below:

- **Drug:** Epinephrine 0.3mg/0.3ml injection, auto-injector (EpiPen® or generic)
- **Directions**: Inject 0.3mg into the muscle as needed in case of anaphylaxis
- **Quantity:** 2 (0 refills)

☐ By checking this box and signing below you agree to write a prescription for first-time in-home injection patients

Nursing Orders

- Skilled nurse to assess and administer Fensolvi® per prescriber order. Nurse will provide ongoing support as needed.
- **For SEVERE reactions status post administration**, such as wheezing, difficulty in breathing, or swelling of eye lids, lips, or throat:
  1. Call 911
  2. Monitor vital signs
  3. Notify prescriber

Authorization

I authorize Fensolvi TotalSolutions® to be my designated agent to refer administration of my patient's prescription for Fensolvi (leuprolide acetate) for injectable suspension to a nursing agency, and to receive and transmit to me information on the status of the administration of same and related matters.

PRACTITIONER SIGNATURE	DATE

Important Safety Information for Fensolvi®

FENSOLVI (leuprolide acetate) for injectable suspension is a gonadotropin releasing hormone (GnRH) agonist used to treat patients 2 years of age and older with central precocious puberty (CPP). CPP may be diagnosed when signs of sexual maturity begin to develop in girls under the age of 8 or in boys under the age of 9.

FENSOLVI is contraindicated in individuals with hypersensitivity to any drug that is in the same class as FENSOLVI, in individuals who are allergic to any of the ingredients in FENSOLVI, or in individuals who are pregnant. FENSOLVI may cause fetal harm when administered to a pregnant patient.

During the first few weeks of treatment, increases in gonadotropins and sex steroids above baseline may result in an increase in signs and symptoms of puberty including vaginal bleeding in girls.

Psychiatric events have been reported in patients taking GnRH agonists. Events include emotional lability, such as crying, irritability, impatience, anger, and aggression. Patients should be monitored for development or worsening of psychiatric symptoms.

Convulsions have been observed in patients treated with GnRH agonists with or without a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and in patients on concomitant medications that have been associated with convulsions such as bupropion and SSRIs.

Pseudotumor Cerebri (Idiopathic Intracranial Hypertension) has been reported in pediatric patients treated with GnRH agonists. Patients should be monitored for headache, papilledema and blurred vision.

The most common adverse events seen with FENSOLVI were: injection site pain, nasopharyngitis, pyrexia, headache, cough, abdominal pain, injection site erythema, nausea, constipation, vomiting, upper respiratory tract infection, bronchospasm, productive cough and hot flush.

Please see Full Prescribing Information for FENSOLVI for additional important safety information. Visit Fensolvi.com/hcp

To report suspected adverse reactions contact Tolmar at 1-844-4TOLMAR (486-5627) or the FDA at 1-800-FDA-1088 or visit www.fda.gov/medwatch.

tolmar