

Carglumic Acid Tablets for Oral Suspension Patient Referral Form

Fax: 855-813-2039
Phone: 888-991-1330

Please select one: ☐ Newly Prescribed Patient ☐ Patient Currently on Carglumic Acid

Patient Information <small>*Please print</small>	Last Name:		First Name:		SSN:		Sex: M <input type="radio"/> F <input type="radio"/>	
	Address:				City:		State:	
	Phone: Day #		Evening #:		Cell # :		<small>Preferred method of Contact:</small> Day # <input type="checkbox"/> Evening # <input type="checkbox"/> Cell # <input type="checkbox"/>	
	DOB:		Weight Lbs:		Kg:		Height:	
							BSA:	
	If Patient is a Minor, Guardian/Parent Name:					Relation to Patient:		
Emergency Contact:					Phone #:			
Primary Insurance Co. Name:							Phone #:	
Insurance Information	Policy Holder Name:				Policy #:		Group #:	
	Prescription Card Name:							Phone #:
	Policy #:							Group #:
	Secondary Insurance Co. Name:							Phone #:
	Policy Holder Name:				Policy #:		Group #:	
Physician Information	Prescriber Name/Title:							
	NPI:		DEA:		Medicaid UPIN:		State License #:	
	Address:							
	City:				State:		Zip:	
	Name of Contact Person:							Phone:
	Physician Email:							Fax:
Prescription	Carglumic Acid Tablets for Oral Suspension, 200mg							
	SIG: Take ____ mg; equaling ____ tablets per day (to be divided into 2-4 doses per day).				Dispense: 30 Day Supply		Mix ____ tablet(s) in a minimum of 2.5 mL of water per tablet and drink immediately before meals or feedings. Take this dose ____ times per day.	
	Refills _____							
	Special Instruction: _____							
Medical Necessity	Please check applicable ICD-10 code: NAGS Deficiency (E72.20) <input type="checkbox"/> Other _____ NKDA <input type="checkbox"/> Allergies: _____							
	Baseline Ammonia Level: _____ umol/L				Test Date: _____			
	Clinical Impression: _____							
	Concurrent Medication: _____							
I certify I am prescribing Carglumic Acid for this patient for a medically necessary purpose. Date Written: _____ Substitution Allowed: _____ Dispense as Written: _____ (Stamped Signatures Are Not Valid)								
This Prescription Form is only valid if FAXED to Anovo @ 855-813-2039								

IMPORTANT SAFETY INFORMATION AND INDICATIONS

- Carglumic Acid tablets are for oral suspension and must be mixed in water before taking. Carglumic acid should **not be** mixed in any food or liquid other than water.
- **Do not** swallow Carglumic Acid tablets whole.
- **Do not** crush Carglumic Acid tablets.
- Take Carglumic Acid right before meals or feedings.

Adverse Reactions

Most common adverse reactions are vomiting, abdominal pain, pyrexia, tonsillitis, anemia, diarrhea, ear infection, infections, nasopharyngitis, hemoglobin decreased, and headache. These are not all the adverse reactions reported with Carglumic Acid.

Please visit www.carglumicacid.com for more information.

You are encouraged to report negative side effects of prescription drugs to Eton Pharmaceuticals at 1-855-224-0233, or FDA at 1-800-FDA-1088, or visit www.fda.gov/safety/medwatch.

Please see the [Full Prescribing Information](#), including Instructions for Use, for Carglumic Acid.

INDICATIONS

Carglumic acid tablets for oral suspension are indicated in pediatric and adult patients as:

- Adjunctive therapy to standard of care for the treatment of acute hyperammonemia due to N-acetylglutamate synthase (NAGS) deficiency.
- Maintenance therapy for the treatment of chronic hyperammonemia due to NAGS deficiency.