Strensiq® (asfotase alfa) for injection

Strensiq® (asfotase alfa) Prescription (Rx) Form

Phone: 1-844-787-6747
Fax: 1-844-787-2527

Patient information

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Date of birth: _____ Gender: ☐ Male ☐ Female

Email address: _____

Phone: _____

☐ Home ☐ Work ☐ Cell

☐ OK to leave message ☐ OK to text

Parent (guardian)/caregiver name(s): _____

_____

Statement of medical necessity

Primary diagnosis:

☐ ICD-10: E83.3

☐ Other: _____

Alkaline phosphatase (ALP) value: _____ IU/L

Date: ___/___/___

Please attach copies of lab values if available.

Prescription for Strensiq

☐ 40 mg/mL
- ☐ 1 mg/kg, 6 times per week
- ☐ 2 mg/kg, 3 times per week

☐ 80 mg/0.8 mL (do not use in pediatric patients <40 kg)
- ☐ 1 mg/kg, 6 times per week
- ☐ 2 mg/kg, 3 times per week

Patient's current weight: _____ kg

Date of weight: ___/___/___

Dispense 28-day supply

Please input number of refills from 0-11 as appropriate: _____

Pharmacy will dispense needles and syringes required for subcutaneous administration of Strensiq.

Prescriber information

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Fax: _____

NPI#: _____

Clinic/hospital affiliation: _____

Office contact name: _____

Prescription drug coverage information

Please attach copies of both sides of patient's pharmacy benefit card(s).

Primary insurance: _____

ID#: _____

Group#: _____

Policyholder first name: _____

Policyholder last name: _____

Prescriber authorization

PLEASE NOTE: In New York, please attach copies of all prescriptions on official New York State prescription forms.

I authorize the Specialty Pharmacy as my designated agent and on behalf of my patient to forward the above statement of medical necessity and furnish any information on this form to the insurer of the above-named patient.

SIGNATURE STAMPS NOT ACCEPTABLE _____ ___/___/___

Prescriber signature (dispense as written) Date

SIGNATURE STAMPS NOT ACCEPTABLE _____ ___/___/___

Prescriber signature (substitution permitted) Date

Please see Important Safety Information on back page and accompanying Full Prescribing Information.

Important Safety Information

Indication

STRENSIQ® is indicated for the treatment of patients with perinatal/infantile- and juvenile-onset hypophosphatasia (HPP)

Important Safety Information

- Hypersensitivity reactions, including anaphylaxis, have been reported in STRENSIQ-treated patients. Signs and symptoms consistent with anaphylaxis included difficulty breathing, choking sensation, nausea, periorbital edema, and dizziness. These reactions have occurred within minutes after subcutaneous administration of STRENSIQ and can occur in patients on treatment for more than one year. Other hypersensitivity reactions have also been reported in STRENSIQ-treated patients, including vomiting, fever, headache, flushing, irritability, chills, skin erythema, rash, pruritus and oral hypoesthesia. If a severe hypersensitivity reaction occurs, discontinue STRENSIQ treatment and initiate appropriate medical treatment. Consider the risks and benefits of re-administering STRENSIQ to individual patients following a severe reaction. If the decision is made to re-administer the product, monitor patients for a reoccurrence of signs and symptoms of a severe hypersensitivity reaction.

- Localized lipodystrophy, including lipoatrophy and lipohypertrophy, has been reported at injection sites after several months in patients treated with STRENSIQ. Advise patients to follow proper injection technique and to rotate injection sites.

- Patients with HPP are at increased risk for developing ectopic calcifications. In clinical trials, 14 cases (14%) of ectopic calcification of the eye including the cornea and conjunctiva, and the kidneys (nephrocalcinosis) were reported. There was insufficient information to determine whether or not the reported events were consistent with the disease or due to STRENSIQ. No visual changes or changes in renal function were reported. Ophthalmology examinations and renal ultrasounds are recommended at baseline and periodically during treatment with STRENSIQ to monitor for signs and symptoms of ophthalmic and renal ectopic calcifications and for changes in vision or renal function.

- The most common adverse reactions (≥ 10%) are injection site reactions, lipodystrophy, ectopic calcifications and hypersensitivity reactions.

Please see accompanying Full Prescribing Information.

ALEXION®