Feraheme Patient Assistance Program
Healthcare Provider Application

Phone 844-635-2624 | Fax 877-591-2505

Please complete the form where applicable and return via mail or fax. Please return all pages to Feraheme Assist.

Prescriber Name: _____ Practice Name: _____

Specialty: ☐ Hematology ☐ Oncology ☐ Nephrology ☐ Gastroenterology ☐ Ob/Gyn ☐ Surgery ☐ Anesthesiology ☐ Other _____

Facility Name: _____

Prescriber Address: _____

City: _____ State: _____ Zip: _____

Office Contact: _____ E-mail: _____

Direct Phone: _____ Fax: _____

Preferred Method of Communication: ☐ E-mail ☐ Direct Phone ☐ Fax Best Time to Contact: ☐ Morning ☐ Afternoon

Tax ID # _____ NPI: _____

State License # (required): _____ PTAN # _____ Medicaid # _____

Prescriber Authorization:

By signing below, I certify that (1) the information contained in this application is current, complete, and accurate to the best of my knowledge; (2) the above therapy is medically necessary for the patient listed above and that I am authorized to prescribe and dispense the requested medication; (3) I have obtained from my patient all required written authorizations for the release of my patient's personally identifiable health information, including diagnosis, treatment, medical and insurance information to AMAG Pharmaceuticals, Inc. and its vendors, representatives, or agents (collectively, "AMAG") for benefits verification and coordination of benefits, or to otherwise assist the patient to initiate or continue the prescribed therapy; and (4) any prescription products received from Feraheme Assist will be used for the above named patient only and will not be resold nor offered for sale, trade or barter and will not be returned for credit, nor will payment be sought from any payer, patient or other source for product received from Feraheme Assist.

I understand that any information provided on this form is for the sole use of Feraheme Assist to verify my patient's insurance coverage, to assess, if applicable, my patient's eligibility for participation in the Patient Assistance Program and to otherwise administer the Feraheme Assist program and related services. I authorize AMAG to use or disclose the patient's health information contained on this form for such purposes. I understand that I am under no obligation to prescribe any AMAG Pharmaceuticals products to participate in Feraheme Assist and that I have not received, nor will I receive, any benefit from AMAG for prescribing an AMAG product.

I understand that AMAG reserves the right to modify or terminate the Feraheme Assist program at any time and without notice. I understand that AMAG reserves the right to recall the product if necessary and that AMAG is not responsible for filing claims and that all final decisions on diagnosis, the need for treatment and the appropriateness of Feraheme for a particular patient rest with me as the patient's Prescriber. I agree to abide by this certification throughout my participation in Feraheme Assist.

Print Prescriber Name: _____

→ **Prescriber Signature:** _____ **Date:** _____

Patient Diagnosis

FERAHEME is an iron replacement product indicated for the treatment of iron deficiency anemia (IDA) in adult patients:

- who have intolerance to oral iron or have had unsatisfactory response to oral iron or
- who have chronic kidney disease (CKD).

FERAHEME is contraindicated in patients with known hypersensitivity to FERAHEME or any of its components or a history of allergic reaction to any intravenous iron product.

Patient on Dialysis: ☐ Yes ☐ No

Primary Diagnosis:

☐ D50.0 ☐ D50.1 ☐ D50.8 ☐ D50.9 ☐ D63.0 ☐ D63.1 ☐ D63.8 ☐ D64.81 ☐ Other:_____

Secondary Diagnosis:

☐ D50.0 ☐ D50.1 ☐ D50.8 ☐ D50.9 ☐ D63.0 ☐ D63.1 ☐ D63.8 ☐ D64.81 ☐ Other:_____

D50.0 Blood loss (chronic); D50.1 Sideropenic dysphagia; D50.8 Poor iron absorption; D50.9 Iron deficiency

Confirm iron deficiency before using the following codes: D63.0 Anemia in neoplastic disease - CODE NEOPLASM FIRST; D63.1 Anemia in chronic kidney disease - CODE CKD STAGE; D63.8 Anemia in other chronic diseases classified elsewhere - CODE UNDERLYING DISEASE FIRST; D64.81 Antineoplastic chemotherapy-induced anemia

Prescription and Prescriber Authorization

Patient Name:_____ DOB:_____

Patient Phone Number:_____

☐ **FERAHEME** (ferumoxytol injection) 510 mg/17 mL **Dispense quantity:** 2 vials

Directions for use: Infuse 510 mg over at least 15 minutes at day 0 and repeat 3 to 8 days later. Dilute full contents of vial (17 ml) per product insert instructions before use.

Delivery Information (where product is to be shipped)

Facility Name:_____

Facility Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____ Contact Name: _____

Infusion Setting: ☐HCP Office ☐Infusion Center ☐Outpatient Hospital ☐Other:

Letter of Affiliation

The physician certifies that he/she is (a) affiliated with the entity and location listed, (b) will be responsible in all respects for the receipt and accountability of pharmaceutical products shipped to this entity at such location, and (c) will immediately notify AMAG Pharmaceuticals, Inc. if either of the foregoing statements is no longer true.

Print Prescriber Name:_____

(Dispense as written)

→ Prescriber Signature_____ Date_____

(Substitution allowed)

→ Prescriber Signature_____ Date_____

Please see **Important Safety Information** on page 3 and **Full Prescribing Information**, including **Boxed Warning** at feraheme.com

Feraheme® (ferumoxytol injection) Important Safety Information

WARNING: RISK FOR SERIOUS HYPERSENSITIVITY/ANAPHYLAXIS REACTIONS

Fatal and serious hypersensitivity reactions including anaphylaxis have occurred in patients receiving Feraheme. Initial symptoms may include hypotension, syncope, unresponsiveness, cardiac/cardiorespiratory arrest.

- Only administer Feraheme as an intravenous infusion over at least 15 minutes and only when personnel and therapies are immediately available for the treatment of anaphylaxis and other hypersensitivity reactions.
- Observe for signs or symptoms of hypersensitivity reactions during and for at least 30 minutes following Feraheme infusion including monitoring of blood pressure and pulse during and after Feraheme administration.
- Hypersensitivity reactions have occurred in patients in whom a previous Feraheme dose was tolerated.

Please see **Full Prescribing Information**, including **Boxed Warning** at feraheme.com

Indication and Dosing

Feraheme is indicated for the treatment of iron deficiency anemia (IDA) in adult patients:

- who have intolerance to oral iron or have had unsatisfactory response to oral iron or
- who have chronic kidney disease (CKD)

The recommended dose of FERAHEME is an initial 510 mg dose followed by a second 510 mg dose as early as 3 days and up to 8 days later, each dose infused over at least 15 minutes while the patient is in a reclined or semi-reclined position.

Contraindications

Feraheme is contraindicated in patients with known hypersensitivity to Feraheme or any of its components or a history of allergic reaction to any intravenous iron product.

Warnings and Precautions

Hypersensitivity: In addition to the fatal and serious adverse reactions in the Boxed Warning, other adverse reactions associated with hypersensitivity have occurred (pruritus, rash, urticaria, and wheezing). Allergic reactions have occurred following the first dose or subsequent doses in patients in whom a previous dose was tolerated. Patients with a history of multiple drug allergies may have a greater risk of anaphylaxis with parenteral iron products. Carefully consider the potential risks and benefits before administering Feraheme to these patients. Elderly patients with multiple or serious co-morbidities who experience hypersensitivity reactions and/or hypotension following administration of Feraheme may have more severe outcomes.

Hypotension: Feraheme may cause clinically significant hypotension. Monitor patients for signs and symptoms of hypotension following each Feraheme administration.

Iron Overload: Excessive therapy with parenteral iron can lead to excess storage of iron with the possibility of iatrogenic hemosiderosis. Regularly monitor the hematologic response during parenteral iron therapy. Do not administer Feraheme to patients with iron overload.

Magnetic Resonance (MR) Imaging Test Interference: Administration of Feraheme may transiently affect the diagnostic ability of MR imaging. Alteration of MR imaging studies may persist for up to 3 months following the last Feraheme dose. Maximum alteration of vascular MR imaging is anticipated to be evident for 1 – 2 days following Feraheme administration.

Adverse Reactions

The most common adverse reactions (≥ 2%) are diarrhea, headache, nausea, dizziness, hypotension, constipation, and peripheral edema.

You may report an adverse event related to AMAG Pharmaceuticals' products by calling 1-877-411-2510 or emailing medinfoUS@covispharma.com. If you prefer, you may contact the U.S. Food and Drug Administration (FDA) directly at fda.gov/medwatch or call 1-800-FDA-1088.

Please see **Full Prescribing Information**, including **Boxed Warning** at feraheme.com