

REFERRAL FORM FOR TRIPTODUR® CARE IN-HOME NURSE INJECTION SERVICE

TRIPTODUR CARE 

To Enroll Patients, Fax Form to: 1-(855) 246-3986
For Questions, Call: 1-(833) 401-CARE (2273)

PATIENT INFORMATION

Name (last, first): _____
DOB: _____ Gender: M F
Street Address: _____
City/State/ZIP: _____
Preferred Phone: _____
Alt Phone: _____
Best Time to Contact: _____
Preferred Language: _____
Caregiver Name (First and Last): _____
Caregiver Relationship to Patient: _____

PRACTITIONER INFORMATION

Practitioner Name (last, first): _____
Organization/Hospital Name: _____
State License Number: _____
NPI Number: _____
Street Address: _____
City/State/ZIP: _____
Office Contact: _____
Office Contact Phone: _____
Office Contact Fax: _____
Preferred Method of Contact: Phone Fax

Due to a number of factors, I am concerned the above patient may not be able to continue the course of therapy I have prescribed without the use of the TRIPTODUR CARE In-Home Nurse Injection Service.

I, [Physician/Practitioner] _____, hereby authorize the above patient to participate in the TRIPTODUR CARE In-Home Nurse Injection Service. I understand that the intent of this Service is to provide intramuscular (IM) injections of TRIPTODUR® (triptorelin) at the dose prescribed by me in my patient's home by a nurse trained in administering IM injections to ensure that my patient remains on the prescribed therapy. I acknowledge that the patient's participation in this Service is done at my request. I may terminate at any time my patient's participation in the Service by contacting the program at Triptodur@Pantherxrare.com or via phone at 1-(833) 401-2273. I further acknowledge that all treatment decisions regarding TRIPTODUR (including my decision to prescribe TRIPTODUR and/or to change the prescribed dose) are made based upon my independent clinical judgement. 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.

Date to start In-Home Nurse Injection Service: _____

Notes (e.g., injection site, drug allergies, etc.)

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

• If no, list medication: _____

Date of last injection: _____

DESIRED SITE OF CARE:

- Home Injection (see patient home address)
 Facility to Home (first dose at facility; remainder at patient home address)

Administration Note (e.g., injection site, shipment date)

I authorize the TRIPTODUR CARE Program to be my designated agent to refer administration of my patient's prescription for TRIPTODUR to a nursing agency, and to receive and transmit to me information on the status of the administration of the same and related matters.

Practitioner Signature

Date

See Important Safety Information on reverse and full Prescribing Information attached.

Triptodur
(triptorelin)
for extended release injectable suspension 

IMPORTANT SAFETY INFORMATION FOR TRIPTODUR (triptorelin)

INDICATION

TRIPTODUR is indicated for the treatment of pediatric patients 2 years of age and older with central precocious puberty (CPP).

IMPORTANT SAFETY INFORMATION

Contraindications

TRIPTODUR is contraindicated in:

- Individuals with a known hypersensitivity to triptorelin or any other component of the product, or other GnRH agonists or GnRH.
- Women who are or may become pregnant. Expected hormonal changes that occur with TRIPTODUR treatment increase the risk for pregnancy loss and fetal harm when administered to a pregnant woman. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be advised of the potential risk to the fetus.

Warnings and Precautions

Initial Rise of Gonadotropins and Sex Steroid Levels - During the early phase of therapy, gonadotropins and sex steroids rise above baseline because of the initial stimulatory effect of the drug. Therefore, a transient increase in clinical signs and symptoms of puberty, including vaginal bleeding, may be observed during the first weeks of therapy or after subsequent doses.

Psychiatric Events - Psychiatric events have been reported in patients taking GnRH agonists. Postmarketing reports with this class of drugs include symptoms of emotional lability, such as crying, irritability, impatience, anger, and aggression. Monitor for development or worsening of psychiatric symptoms during treatment with TRIPTODUR.

Convulsions - Postmarketing reports of convulsions have been observed in patients receiving GnRH agonists, including triptorelin. These included patients with a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and patients on concomitant medications that have been associated with convulsions such as bupropion and SSRIs. Convulsions have also been reported in patients in the absence of any of the conditions mentioned above.

Pseudotumor Cerebri (idiopathic intracranial hypertension) - has been reported in pediatric patients receiving GnRH agonists, including triptorelin. Monitor patients for signs and symptoms of pseudotumor cerebri, including headache, papilledema, blurred vision, diplopia, loss of vision, pain behind the eye or pain with eye movement, tinnitus, dizziness, and nausea.

Adverse Reactions

In clinical trials for TRIPTODUR, the most common adverse reactions ($\geq 4.5\%$) are injection site reactions, menstrual (vaginal) bleeding, hot flush, headache, cough, and infections (bronchitis, gastroenteritis, influenza, nasopharyngitis, otitis externa, pharyngitis, sinusitis, and upper respiratory tract infection).

To report SUSPECTED ADVERSE REACTIONS, contact Azurity Pharmaceuticals, Inc. at 1-800-461-7449, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

The Important Safety Information does not include all the information needed to use TRIPTODUR safely and effectively. For additional safety information, please consult the accompanying full prescribing for [TRIPTODUR](#).