Yimmugo®
Immune Globulin Intravenous, Human-dira, 10% Liquid

Referral Form

Date: _____ /_____ /_____

PATIENT INFORMATION

Patient name: _____ DOB: _____ / _____ / _____

Address: _____ Gender: ☐ M ☐ F

City, State, Zip: _____ HT: _____

Preferred phone: _____ Last 4 of SSN: _____ WT: _____ ☐ lb ☐ kg

Allergies: _____

YIMMUGO PRESCRIPTION INFORMATION

Diagnosis: _____ ICD-10: _____

Dose: _____mg/kg IV or _____mL/kg IV every _____weeks (Recommended dosing is 300–800 mg/kg or 3–8 mL/kg every 3–4 weeks, for first and later infusions, per YIMMUGO Prescribing Information)

☐ IV rate (first infusion): Begin IV infusion at 0.5 mg/kg/min (0.005 mL/kg/min) for 30 min and then increase gradually every 30 min to a maximum rate of 3 mg/kg/min (0.03 mL/kg/min) as tolerated, per YIMMUGO Prescribing Information

☐ IV rate (second or later infusion): Begin IV infusion at 0.5 mg/kg/min (0.005 mL/kg/min) for 30 min and then increase gradually to a maximum rate of 13 mg/kg/min (0.13 mL/kg/min) as tolerated, per YIMMUGO Prescribing Information

☐ IV rate: Start at _____mL/kg/min, then increase by_____mL/kg/min every_____minutes to maximum rate of _____mL/kg/min

☐ Pharmacy to determine infusion rate

# of refills: _____ Anticipated start date: _____ / _____ / _____

INSURANCE INFORMATION

Primary insurance: _____

Member ID: _____ Group #: _____

Policy holder: _____ Relationship: _____

Secondary insurance: _____

Member ID: _____ Group #: _____

Policy holder: _____ Relationship: _____

PROVIDER INFORMATION

Provider name: _____ Specialty: _____

Office Contact: _____

Provider address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

License #: _____ DEA #: _____ NPI #: _____

DISPENSE YIMMUGO AS WRITTEN ☐

Provider signature: _____ Date: _____ / _____ / _____

PLEASE FAX COMPLETED FORM WITH PRESCRIPTION TO THE SPECIALTY PHARMACY OF YOUR CHOICE

Information will not be shared with Kedrion Biopharma

Please see accompanying Full Prescribing Information for complete prescribing details.

Instructions for Completion

1. Complete all information on Referral Form and sign
2. Fax completed form along with prescription to the specialty pharmacy of your choice

If you have any questions about completing this form, please call 888-262-8040.

INDICATIONS AND USAGE

YIMMUGO® (immune globulin intravenous, human - dira) is a 10% immune globulin (Ig) liquid indicated for the treatment of primary humoral immunodeficiency in patients 2 years of age and older.

IMPORTANT SAFETY INFORMATION

WARNING: THROMBOSIS, RENAL DYSFUNCTION, and ACUTE RENAL FAILURE

- **Thrombosis may occur with Ig intravenous (IGIV) products, including YIMMUGO.**
- **Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur with the administration of IGIV products in predisposed patients. Renal dysfunction and failure occur more commonly in patients receiving IGIV products containing sucrose. YIMMUGO does not contain sucrose.**
- **For patients at risk of thrombosis, renal dysfunction, or renal failure, administer YIMMUGO at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.**

CONTRAINDICATIONS

YIMMUGO is contraindicated in patients who have had an anaphylactic or severe systemic reaction to the administration of human Ig and in patients with immunoglobulin A (IgA) deficiency who have antibodies against IgA and a history of hypersensitivity.

WARNINGS AND PRECAUTIONS

Severe hypersensitivity reactions, including anaphylaxis, have been reported after administration. In case of hypersensitivity, discontinue infusion immediately and institute appropriate treatment. YIMMUGO contains ≤300 mcg/mL of IgA. Patients with known antibodies to IgA may be at greater risk.

Hemolysis that is either intravascular or due to enhanced red blood cell sequestration can develop subsequent to IGIV treatment. Risk factors for hemolysis include high doses and non-O blood group. Monitor patients for hemolysis.

Renal failure: Monitor renal function, including blood urea nitrogen (BUN) and serum creatinine, and urine output in patients at risk of developing acute renal failure.

Hyperproteinemia, increased serum viscosity, and hyponatremia may occur in patients receiving IGIV treatment, including YIMMUGO.

Aseptic meningitis syndrome may occur in patients receiving IGIV treatment, especially with high doses or rapid infusion.

Transfusion-related acute lung injury: Monitor patients for pulmonary adverse reactions.

Transmissible infectious agents: YIMMUGO is made from human plasma and may contain infectious agents, e.g., viruses and, theoretically, the Creutzfeldt-Jakob disease agent.

Interference with laboratory tests: After infusion of Ig, transitory rise of various passively transferred antibodies in the blood may yield positive serological results, with potential for misleading interpretation.

ADVERSE REACTIONS

The most common adverse reactions occurring in ≥5% of patients were headache, upper respiratory tract infections, fatigue, nausea, and increased blood pressure.

To report SUSPECTED ADVERSE REACTIONS, contact Kedrion Biopharma Inc. at 1-855-3KDRION (1-855-353-7466) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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Kedrion Biopharma

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