octapharma

cutaquig®
Immune Globulin Subcutaneous (Human)-hipp,16.5% solution

2024 cutaquig® Copy Enrollment Form

Please print and fax completed form to: 1-800-554-6744

If you have any questions please call the Octapharma IgCares Support Center toll free at **1-833-382-7686** | Monday to Friday 8:30 AM to 5 PM ET

PATIENT INFORMATION:

Full Name _____
Last *First* *M.I.*

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Patient Phone ( ) _____ Patient Email _____

Your patient may be eligible for the **IgCares program**, a comprehensive primary immunodeficiency (PI) support program that provides education and treatment resources to patients and caregivers.
If interested, go to www.igcares.com, call **1-833-382-7686**, or scan the QR code.

Scan to start enrollment

PATIENT INSURANCE INFORMATION:

Name of Insurance _____ Name of Insured _____

Insurance Phone ( ) _____ Member ID # _____ Group # _____ Plan ID # _____

COORDINATION OF CARE:

Patient Site of Care: ☐ Hospital ☐ Outpatient Infusion Center ☐ Physician Office ☐ Home
☐ Other *(specify)*: _____

Name of Facility or Specialty Pharmacy _____

Contact Name _____ Phone ( ) _____

CUTAQUIG® PRESCRIBER INFORMATION:

SC Administration: _____ mg/kg every _____
frequency

Physician Name *(print)* _____
Last *First*

Address _____ Unit # _____

City _____ State _____ Zip _____

Phone ( ) _____ Fax ( ) _____ Email _____

PHYSICIAN SIGNATURE:

Signature _____ Date _____

By signing this form I verify that the patient and prescriber information is complete and accurate to the best of my knowledge and that I have prescribed cutaquig® based on my professional judgment and medical necessity. I attest that I have obtained the patient's affirmative authorization to release the above information as may be necessary to Octapharma.

CLEAR FORM

TO BE ELIGIBLE:

- The patient must be receiving treatment with cutaquig® or have a prescription to begin treatment
  - The patient must have commercial insurance
  - Those with Medicare, Medicaid, Medigap, VA, DOD, Tricare or other federal or state government health insurance are not eligible
- Copay assistance may only be applied to co-payments, deductibles and co-insurance that may be associated with the cost of cutaquig® up to a maximum amount of $12,500 in copay assistance in a calendar year
  - The Copay Assistance Program does not cover costs associated with administration of therapy, such as office visits, infusion costs, or other professional services
- The patient must receive treatment with an Octapharma cutaquig® National Drug Code (NDC)
- Patients interested in enrolling in the **IgCares program** can go to www.igcares.com, call **1-833-382-7686**, or scan the QR code

INDICATIONS AND USAGE

Cutaquig® (Immune Globulin Subcutaneous (Human)-hipp) is a 16.5% immune globulin solution for subcutaneous infusion (IGSC), indicated as replacement therapy for primary humoral immunodeficiency (PI) in adults and pediatric patients 2 years of age and older. This includes, but is not limited to, common variable immunodeficiency (CVID), X-linked agammaglobulinemia, congenital agammaglobulinemia, Wiskott-Aldrich syndrome, and severe combined immunodeficiencies.

IMPORTANT SAFETY INFORMATION

WARNING: THROMBOSIS

See the cutaquig® full Prescribing Information for complete boxed warning.

- Thrombosis may occur with immune globulin products, including cutaquig®. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.
- For patients at risk of thrombosis, administer cutaquig® 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 of hyperviscosity.

Contraindications

Cutaquig® is contraindicated in patients who have had an anaphylactic or severe systemic reaction to the subcutaneous administration of human immune globulin or to any of the components of cutaquig® such as Polysorbate 80, and in IgA-deficient patients with antibodies against IgA and a history of hypersensitivity.

Please see accompanying full Prescribing Information for cutaquig®.

Date of preparation: 10/2024. CUTA-0994-POT

IMPORTANT SAFETY INFORMATION—continued

Warnings and Precautions
Severe hypersensitivity reactions may occur with cutaquig®, even in patients who tolerated previous treatment with human immune globulin. If a hypersensitivity reaction occurs, discontinue the cutaquig infusion immediately and initiate appropriate treatment. IgA-deficient patients with anti-IgA antibodies are at greater risk of severe reactions.

Thrombosis may occur following treatment with immune globulin products, including cutaquig®. For patients at risk of thrombosis, administer cutaquig® 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.

Falsely elevated blood glucose readings may occur during and after the infusion of cutaquig® with some glucometer and test strip systems. When administering cutaquig®, measure blood glucose with a glucose-specific method.

Aseptic meningitis syndrome (AMS) can occur with cutaquig®. AMS has been reported after the use of human immune globulin administered intravenously and subcutaneously and may occur within 2 days following treatment. Discontinuation of immunoglobulin treatment has resulted in remission within several days without sequelae.

Acute renal dysfunction/failure, acute tubular necrosis, proximal tubular nephropathy, osmotic nephrosis and death may occur with use of human immune globulin, especially those containing sucrose. Cutaquig® does not contain sucrose. Monitor patients for signs and symptoms of renal dysfunction. Monitor blood urea nitrogen, serum creatinine, and urine output in patients at risk of acute renal failure.

Monitor cutaquig® recipients for clinical signs and symptoms of hemolysis, particularly patients with pre-existing anemia and/or cardiovascular or pulmonary compromise. Consider appropriate confirmatory laboratory testing if signs and symptoms of hemolysis are present after cutaquig® infusion.

Non-cardiogenic pulmonary edema may occur in patients administered human immune globulin products. Monitor for pulmonary adverse reactions (transfusion-related acute lung injury, TRALI). If TRALI is suspected, perform appropriate tests for the presence of anti-neutrophil antibodies in both the product and patient's serum. Patients with TRALI may be managed using oxygen therapy with adequate ventilatory support.

Cutaquig® is made from human plasma and may carry a risk of transmitting infectious agents, e.g. viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

Drug Interactions
After infusion of cutaquig®, the transitory rise of the various passively transferred antibodies in the patient's blood may yield false positive serological test results, with the potential for misleading interpretation.

Adverse Reactions
The most common adverse reactions (≥5% of study subjects) were local infusion site reactions (such as redness, swelling, itching), headache, fever, dermatitis, asthma, diarrhea, and cough.

Please see accompanying full Prescribing Information for cutaquig®.

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