

Specialty Pharmacy Intake Form

Please see Corlanor® Indications and Important Safety Information on page 2. If an item does not apply, please note "N/A" on that line. Fax with copies of insurance card(s), front and back, and appropriate information from patient's medical charts to Avella Specialty Pharmacy.



| Patient Information | | |
|---|--|---|
| Patient Name:* _____ Street Address:* _____ City:* _____ State:* _____ Zip:* _____ | Preferred Phone:* () _____ Email Address: _____ Date of Birth:* _____ Patient Weight (Kg):* _____ Date Weight measured:* _____ | |
| Pharmacy Insurance Information | Primary/Secondary Medical Insurance Information (ONLY if Pharmacy Insurance Information is not available) | |
| <input type="checkbox"/> Attach a copy of insurance card, front and back, AND provide: Pharmacy Insurance ID #:* _____ Pharmacy Insurance Telephone:* () _____ BIN/PCN/GROUP: _____ | <input type="checkbox"/> Attach a copy of insurance card, front and back, AND provide: Name of Insurer:* _____ Insurer Telephone: () _____ Group Number: _____ Policy Number:* _____ | |
| Prescriber Information | | |
| Office Contact: _____ Email Address: _____ Prescriber Name:* _____ Specialty: _____ State License Number: _____ | Office Street Address:* _____ City:* _____ State:* _____ Zip:* _____ Office Name:* _____ Telephone:* () _____ Fax: () _____ Prescriber NPI #:* _____ Tax ID #: _____ | |
| Prescription Information: Corlanor® 5 mg/5 mL oral solution | | |
| DIRECTIONS: _____ | TOTAL DISPENSED QUANTITY: <input type="checkbox"/> _____ mL <input type="checkbox"/> _____ ampules | REFILLS: _____ refills |
| <input type="checkbox"/> I authorize Amgen and its agents to act on my behalf for the limited purposes of transmitting this prescription to the appropriate pharmacy consistent with the patient's benefit plan. | | |
| Prescriber Signature (no stamps) X _____ | | X _____ Date: _____ |
| Dispense as written | | Substitution allowed |
| Avella Specialty Pharmacy | | |
| Avella Specialty Pharmacy Phone: 877-546-5779 Fax: 877-546-5780 | | |
| Patient Medical Information | | |
| Please provide one primary and one secondary established CVD ICD-10-CM code:*.† | | |
| Primary Codes: <input type="checkbox"/> I50.1 Left ventricular failure <input type="checkbox"/> I50.20 Unspecified systolic (congestive) heart failure <input type="checkbox"/> I50.21 Acute systolic (congestive) heart failure <input type="checkbox"/> I50.22 Chronic systolic (congestive) heart failure <input type="checkbox"/> I50.23 Acute on chronic systolic (congestive) heart failure | Secondary Codes: <input type="checkbox"/> I50.30 Unspecified diastolic (congestive) heart failure <input type="checkbox"/> I50.31 Acute diastolic (congestive) heart failure <input type="checkbox"/> I50.32 Chronic diastolic (congestive) heart failure <input type="checkbox"/> I50.33 Acute on chronic diastolic (congestive) heart failure <input type="checkbox"/> I50.40 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure <input type="checkbox"/> I50.41 Acute combined systolic (congestive) and diastolic (congestive) heart failure | <input type="checkbox"/> I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure <input type="checkbox"/> I50.43 Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure <input type="checkbox"/> I50.9 Heart failure, unspecified <input type="checkbox"/> Other (specify ICD-10-CM): _____ _____ _____ |

*Required for processing.

†The sample diagnosis codes are informational and not intended to be directive or a guarantee of reimbursement, and include potential codes that would include FDA-approved indications for Corlanor®. Other codes may be more appropriate given internal system guidelines, payor requirements, practice patterns, and the services rendered.

By signing above, you attest that your patient (or your patient's guardian, if applicable) is aware of the disclosure of the patient's personal health information to Avella Specialty Pharmacy, an Amgen business partner, for insurance verification, prior authorization support, and other specialty pharmacy services (such as refill reminders) as part of the patient's treatment with Corlanor® and that you have obtained and maintain all required patient privacy authorizations.

Fax completed form and/or copy of insurance card(s), front and back, to Avella Specialty Pharmacy.

Corlanor® and Corlanor® Support are trademarks of Amgen Inc. All other marks used herein are the property of their respective owners.

FOR SPECIALTY PHARMACY USE ONLY: Corlanor® Support Phone: 1-844-6CORLANOR, Hours: 8 AM-8 PM ET, M-F



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IMPORTANT SAFETY INFORMATION

Contraindications: Corlanor[®] is contraindicated in patients with acute decompensated heart failure, clinically significant hypotension, sick sinus syndrome, sinoatrial block, 3rd degree atrioventricular block (unless a functioning demand pacemaker is present), clinically significant bradycardia, severe hepatic impairment, pacemaker dependence (heart rate maintained exclusively by the pacemaker), and concomitant use of strong cytochrome P450 3A4 (CYP3A4) inhibitors.

Fetal Toxicity: Corlanor[®] may cause fetal toxicity when administered to a pregnant woman based on embryo-fetal toxicity and cardiac teratogenic effects observed in animal studies. Advise females of reproductive potential to use effective contraception when taking Corlanor[®].

Atrial Fibrillation: Corlanor[®] increases the risk of atrial fibrillation. The rate of atrial fibrillation in patients treated with Corlanor[®] compared to placebo was 5% vs. 3.9% per patient-year, respectively. Regularly monitor cardiac rhythm. Discontinue Corlanor[®] if atrial fibrillation develops.

Bradycardia and Conduction Disturbances:

Adult Heart Failure Patients

Bradycardia, sinus arrest and heart block have occurred with Corlanor[®]. The rate of bradycardia in patients treated with Corlanor[®] compared to placebo was 6% (2.7% symptomatic; 3.4% asymptomatic) vs. 1.3% per patient-year, respectively. Risk factors for bradycardia include sinus node dysfunction, conduction defects, ventricular dyssynchrony, and use of other negative chronotropes. Bradycardia may increase the risk of QT prolongation which may lead to severe ventricular arrhythmias, including torsades de pointes, especially in patients with risk factors such as use of QTc prolonging drugs.

Concurrent use of verapamil or diltiazem also increases Corlanor[®] exposure, contributes to heart rate lowering, and should be avoided. Avoid use of Corlanor[®] in patients with 2nd degree atrioventricular block unless a functioning demand pacemaker is present.

Pediatric Heart Failure Patients

Bradycardia and first-degree heart block were observed in pediatric patients treated with Corlanor[®]. Asymptomatic and symptomatic bradycardia were observed in 6.8% and 4.1% of pediatric patients treated with Corlanor[®], respectively. In the placebo treatment arm, 2.4% of pediatric patients had asymptomatic bradycardia, but none had symptomatic bradycardia. Bradycardia was managed through dose titration but did not result in study drug discontinuation.

Adverse Reactions:

Adult Heart Failure Patients

The most common adverse drug reactions reported at least 1% more frequently with Corlanor[®] than placebo and that occurred in more than 1% of patients treated with Corlanor[®] were bradycardia (10% vs. 2.2%), hypertension or increased blood pressure (8.9% vs. 7.8%), atrial fibrillation (8.3% vs. 6.6%), and luminous phenomena (phosphenes) or visual brightness (2.8% vs. 0.5%).

In postmarketing experience, torsades de pointes has been observed.

Pediatric Heart Failure Patients

Bradycardia (symptomatic and asymptomatic) occurred at rates similar to those in adults. Phosphenes were observed in pediatric patients treated with Corlanor[®].

Please see full [Prescribing Information](#) and [Medication Guide](#).

INDICATIONS

Heart Failure in Adult Patients

Corlanor[®] is indicated to reduce the risk of hospitalization for worsening heart failure in adult patients with stable, symptomatic chronic heart failure with left ventricular ejection fraction \leq 35%, who are in sinus rhythm with resting heart rate \geq 70 beats per minute and either are on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use.

Heart Failure in Pediatric Patients

Corlanor[®] is indicated for the treatment of stable symptomatic heart failure due to dilated cardiomyopathy (DCM) in pediatric patients aged 6 months and older, who are in sinus rhythm with an elevated heart rate.