

## Carglumic Acid Tablets for Oral Suspension Patient Referral Form

**Fax: 855-813-2039**  
**Phone: 888-991-1330**

Please select one:  Newly Prescribed Patient  Patient Currently on Carglumic Acid

<b>Patient Information</b> <small>**Please print</small>	Last Name:		First Name:		SSN:		Sex: M <input type="radio"/> F <input type="radio"/>			
	Address:			City:		State:		Zip:		
	Phone: Day #		Evening #:		Cell # :		<small>Preferred method of Contact:</small> Day #      Evening #      Cell #			
	DOB:		Weight Lbs:		Kg:		Height:		BSA:	
	If Patient is a Minor, Guardian/Parent Name:					Relation to Patient:				
	Emergency Contact:					Phone #:				

<b>Insurance Information</b>	Primary Insurance Co. Name:						Phone #:	
	Policy Holder Name:				Policy #:		Group #:	
	Prescription Card Name:						Phone #:	
	Policy #:						Group #:	
	Secondary Insurance Co. Name:						Phone #:	
	Policy Holder Name:				Policy #:		Group #:	

<b>Physician Information</b>	Prescriber Name/Title:							
	NPI:		DEA:		Medicaid UPIN:		State License #:	
	Address:							
	City:				State:		Zip:	
	Name of Contact Person:						Phone:	
	Physician Email:						Fax:	

<b>Prescription</b>	<b>Carglumic Acid Tablets for Oral Suspension, 200mg</b>							
	<b>SIG:</b> Take ___ mg; equaling ___ tablets per day (to be divided into 2-4 doses per day).				<b>Dispense:</b> 30 Day Supply		Mix ___ tablet(s) in a minimum of 2.5 mL of water per tablet and drink immediately before meals or feedings. Take this dose ___ times per day.	
	<b>Refills</b> _____							
	<b>Special Instruction:</b> _____							

<b>Medical Necessity</b>	<b>Please check applicable ICD-10 code:</b>							
	NAGS Deficiency (E72.20)		Other _____					
	NKDA		Allergies: _____					
	Baseline Ammonia Level: _____ umol/L				Test Date: _____			
	Clinical Impression: _____							
Concurrent Medication: _____								

**I certify I am prescribing Carglumic Acid for this patient for a medically necessary purpose.**

**Date Written:** \_\_\_\_\_

**Substitution Allowed:**

**Dispense as Written:** \_\_\_\_\_  
(Stamped Signatures Are Not Valid)

(Stamped Signatures Are Not Valid) \_\_\_\_\_

**This Prescription Form is only valid if FAXED to Anovo @ 855-813-2039**

Form: CARAC.RX.208  
Effective: 12/10/2021  
Revision: 2/1/2025  
1258-v5

## IMPORTANT SAFETY INFORMATION AND INDICATIONS

- Carglumic Acid tablets are for oral suspension and must be mixed in water before taking. Carglumic acid should **not be** mixed in any food or liquid other than water.
- **Do not** swallow Carglumic Acid tablets whole.
- **Do not** crush Carglumic Acid tablets.
- Take Carglumic Acid right before meals or feedings.

### Adverse Reactions

Most common adverse reactions are vomiting, abdominal pain, pyrexia, tonsillitis, anemia, diarrhea, ear infection, infections, nasopharyngitis, hemoglobin decreased, and headache. These are not all the adverse reactions reported with Carglumic Acid.

Please visit [www.carglumicacid.com](http://www.carglumicacid.com) for more information.

You are encouraged to report negative side effects of prescription drugs to Eton Pharmaceuticals at 1-855-224-0233, or FDA at 1-800-FDA-1088, or visit [www.fda.gov/safety/medwatch](http://www.fda.gov/safety/medwatch).

Please see the [Full Prescribing Information](#), including Instructions for Use, for Carglumic Acid.

### INDICATIONS

Carglumic acid tablets for oral suspension are indicated in pediatric and adult patients as:

- Adjunctive therapy to standard of care for the treatment of acute hyperammonemia due to N-acetylglutamate synthase (NAGS) deficiency.
- Maintenance therapy for the treatment of chronic hyperammonemia due to NAGS deficiency.