# REBYOTA® (fecal microbiota, live-jslm)

# PATIENT REFERRAL PROGRAM

## Please fill out this form if you would like your patient to receive REBYOTA from a participating administration site.

All questions contained within this questionnaire are strictly confidential and will become part of your patient's medical record.

### PATIENT INFORMATION

| | | | |
|---|---|---|---|
| **Name:** ☐ M ☐ F | **DOB:** | **Height:** | **Weight:** |
| **Allergies:** | **Date of Referral:** | | |
| ☐ **New Referral** | | | |

### PREFERRED REBYOTA ADMINISTRATION LOCATION

**Location:**

### INSURANCE INFORMATION (required)

**Include a copy of the front and back of all medical insurance cards and prescription benefit insurance cards OR complete information below.**

| Insurance | Primary Medical | Secondary Medical (eg, MediGap coverage) | Prescription |
|---|---|---|---|
| **Name & Type** | | | |
| **Phone Number** | | | |
| **Policy ID #** | | | |
| **Group #** | | | |
| **Policy Holder Name** | | | |
| **Policy Holder DOB** | | | |
| **Relationship to Patient** | | | |
| | | | **PCN #:** |
| | | | **BIN #:** |

### DIAGNOSIS

| | |
|---|---|
| ☐ **Enterocolitis due to *Clostridium difficile* infection, Recurrent A04.71** | **Please specify dates of *Clostridium difficile* infection recurrence:** |
| **Please specify dates of *Clostridium difficile* infection recurrence:** | **Please list current treatment the patient is taking for their *Clostridium difficile* infection:** |

## REQUIRED DOCUMENTATION

| | |
|---|---|
| ☐ **This signed order form by the provider**<br>☐ **Patient demographics AND insurance information** | ☐ **Supporting documentation of diagnosis, including *Clostridium difficile* testing.** |

## MEDICATION ORDERS

**DOSING: REBYOTA is a 150-mL suspension rectally administered after completing a course of antibiotic treatment for *Clostridium difficile* infection.**
**Antibiotic treatment will need to be completed 24-72 hours prior to administration.**

## PHYSICIAN INFORMATION

| | | |
|---|---|---|
| **Prescribing Physician:** | | |
| **Office Address:** | | |
| **Office Phone:** | **Office Fax:** | **Office Email:** |
| **Physician Signature:** | | **Date:** |
| **Fax completed form and documentation to:**<br>**Contact us with questions at:** | | |

## INDICATION

REBYOTA (fecal microbiota, live – jslm) is indicated for the prevention of recurrence of *Clostridioides difficile* infection (CDI) in individuals 18 years of age and older, following antibiotic treatment for recurrent CDI.

**Limitation of Use**
REBYOTA is not indicated for treatment of CDI.

## IMPORTANT SAFETY INFORMATION

**Contraindications**
Do not administer REBYOTA to individuals with a history of a severe allergic reaction (eg, anaphylaxis) to any of the known product components.

**Warnings and Precautions**
**Transmissible infectious agents**
Because REBYOTA is manufactured from human fecal matter, it may carry a risk of transmitting infectious agents. Any infection suspected by a physician possibly to have been transmitted by this product should be reported by the physician or other healthcare provider to Ferring Pharmaceuticals Inc.
**Management of acute allergic reactions**
Appropriate medical treatment must be immediately available in the event an acute anaphylactic reaction occurs following administration of REBYOTA.
**Potential presence of food allergens**
REBYOTA is manufactured from human fecal material and may contain food allergens. The potential for REBYOTA to cause adverse reactions due to food allergens is unknown.

**Adverse Reactions**
The most commonly reported (≥3%) adverse reactions occurring in adults following a single dose of REBYOTA were abdominal pain (8.9%), diarrhea (7.2%), abdominal distention (3.9%), flatulence (3.3%), and nausea (3.3%).

**Use in Specific Populations**
**Pediatric Use**
Safety and efficacy of REBYOTA in patients below 18 years of age have not been established.
**Geriatric Use**
Of the 978 adults who received REBYOTA, 48.8% were 65 years of age and over (n=477), and 25.7% were 75 years of age and over (n=251). Data from clinical studies of REBYOTA are not sufficient to determine if adults 65 years of age and older respond differently than younger adults.

**You are encouraged to report negative side effects of prescription drugs to FDA.**
**Visit www.FDA.gov/medwatch, or call 1-800-332-1088.**

Please see full Prescribing Information at **www.REBYOTAHCP.com**.

FERRING PHARMACEUTICALS
Microbiome Therapeutics Development

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REBYOTA®
(fecal microbiota, live-jslm) suspension, for rectal use