

ZULRESSO PATIENT ENROLLMENT FORM

STEP 1 Patient Information

_____/_____/_____
First Name MI Last Name DOB (MM/DD/YYYY) Gender M F

Address City State Zip

() ()
Primary Phone Number Cell Phone Number Patient Identifier: SSN, license, state ID, etc.

Prescribing Physician Name: _____ phone: _____ fax: _____

STEP 2 Insurance Information

*Please attach a copy of both sides of the patient's insurance card(s). If not available, please complete the information below.

Patient is insured Yes No

Primary Insurance:

Primary Insurance Name

Beneficiary/Cardholder Name Relationship to Patient

()
Policy ID# Group# Insurance Phone

Secondary Insurance (if applicable):

Secondary Insurance Name

Beneficiary/Cardholder Name Relationship to Patient

()
Policy ID# Group# Insurance Phone

STEP 3 Overseeing Provider/Facility Information (leave blank if unknown)

Overseeing Provider First and Last Name (if applicable) DEA # NPI #

() ()
Phone# Fax #

Site of Administration (Name of Facility) Facility DEA# Facility NPI#

Site of Administration Address (Ship to Address) City State Zip

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Site Contact First and Last Name Site Contact Phone # Site Contact Email

Will REMS certified health care facility dilute and prepare product for infusion? YES NO

If "No" does REMS certified health care facility require the specialty pharmacy to dilute and prepare Zulresso? YES NO

Note: Zulresso is available through a restricted distribution program called REMs due to the risk of serious harm resulting from excessive sedation and loss of consciousness during the Zulresso infusion. Zulresso is ONLY intended for infusion in a REMs certified Health Care setting.

*****Prescription to be filled out by prescribing/diagnosing physician*****

STEP 4 Treatment Information (Completed by Prescribing Physician)

ICD Diagnosis Code (please select): F53.0 Post-Partum Depression other: _____

Patient Weight: _____ (kg) Allergies: _____

Current medication list: _____ Date of Infusion: _____

R: Zulresso (Brexanolone for IV Infusion) 100mg/20ml vial

Directions: Infuse Zulresso IV over 60hours at rate per prescriber information

Infusion Volume: Dilute to total volume of 100ml to achieve a concentration of 1mg/ml. Dilution per prescriber information:

- 20ml Zulresso
- 40ml Sterile Water for Injection
- 40ml 0.9% Sodium Chloride Injection

Infusion Rate:

- H 0-4: Infuse 30 µg/kg/hr
- H 4-24: Infuse 60 µg/kg/hr
- H 24-52: Infuse 90 µg/kg/hr
- H52-56: Infuse 60mcg/kg/hr
- H56-60: Infuse 30mcg/kg/hr

Qty: _____

Refills: **NONE**

(due to 12hr stability once diluted, min of 5 vials recommended)

Please check if needing:

- Curlin 6000 pump, tubing, IV start kit
- Sterile Water for Injection, 0.9% Sodium Chloride for Injection, 100ml IV Bag

Prescriber Signature: _____

Date: _____

DEA: _____

NPI: _____

Address _____

City _____

State _____

Zip _____

For additional information, please refer to full prescribing information: [Zulresso Prescribing Information](#)