Please fax both pages of completed form to your team at 866.579.4655.

To reach your team, call toll-free 855.778.1510, option 3 for Accredo Specialty Pharmacy.

You can now monitor shipments and chat online if you have questions. Go to MyAccredoPatients.com to log in or get started.

Prescription & Enrollment Form

Spinraza® (nusinersen) injection, for intrathecal use

accredo®

Four simple steps to submit your referral.

1 Patient Information

Please attach copies of front and back of the patient's medical and prescription insurance cards.

❑ New patient ❑ Current patient

Patient's first name _____ Last name _____ Middle initial _____

❑ Male ❑ Female Last 4 digits of SSN _____ Date of birth _____

Street address _____ Apt # _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____ E-mail address _____

Parent/guardian (if applicable) _____

Home phone _____ Cell phone _____ E-mail address _____

Alternate caregiver/contact _____

Home phone _____ Cell phone _____ E-mail address _____

❑ OK to leave message with alternate caregiver/contact

Patient's primary language: ❑ English ❑ Other If other, please specify _____

If this order is for a pre-natally diagnosed infant, please include: Mother's name _____

Last 4 of Mother's SSN _____ Expected infant delivery date _____

2 Prescriber Information

All fields must be completed to expedite prescription fulfillment.

Date _____ Time _____ Date medication needed _____

Prescriber's first name _____ Last name _____

Prescriber's title _____ If NP or PA, under direction of Dr. _____

Office address _____

Office contact and title _____

Office contact phone number _____ Office contact e-mail _____

Office/Infusion clinic name _____ Office/Infusion clinic affiliation _____

Street address _____ Suite # _____

City _____ State _____ Zip _____

Phone _____ Fax _____ NPI # _____ License # _____

Deliver product to: ❑ Hospital ❑ Clinic Shipping address _____

3 Clinical Information

Primary ICD-10 code: _____ Date of Dx _____

SMA Type: ❑ I ❑ II ❑ III ❑ Other _____

Is diagnosis confirmed by genetic testing? ❑ Yes ❑ No If yes, please include copies of all available results of genetic analysis.

Plan authorization may require one or more of the following: (please attach if available)

- Genetic confirmation of SMN-1 deletion or mutation status
- Documented parental carrier status or prenatal testing
- Documented family history of 5qSMA
- SMN-2 genetic analysis
- Chart note indicating patient status or response to therapy

SCr _____ Date _____

❑ NKDA ❑ Known drug allergies _____

Concurrent meds _____

Patient's first name _____ Last name _____ Middle initial _____ Date of birth _____

Prescriber's first name _____ Last name _____ Phone _____

4 Prescribing Information

Medication	Dose	Directions	Quantity/Refills
❑ Spinraza (nusinersen)	12mg/5mL vial	Administer 12mg intrathecally via sterile procedure as per product instructions according to the following schedule (enter dates to be given): ❑ Loading dose 1: _____ ❑ Already given in hospital/clinic ❑ Loading dose 2 (14 days after loading dose 1): _____ ❑ Already given in hospital/clinic ❑ Loading dose 3 (14 days after loading dose 2): _____ ❑ Already given in hospital/clinic ❑ Loading dose 4 (30 days after loading dose 3): _____ ❑ Already given in hospital/clinic ❑ Maintenance dose given every 4 months after 4th loading dose: Next injection date _____ Other instructions _____	Dispense: ❑ Up to 28 days supply for loading or 1 maintenance administration ❑ Other: _____ ❑ Refills: _____

If shipped to physician's office or infusion clinic, physician accepts on behalf of patient for administration in office or infusion clinic.

Prescriber's signature (sign below) **(Physician attests this is his/her legal signature. NO STAMPS)** PHYSICIAN SIGNATURE REQUIRED

SIGN HERE

_____ **Date** _____ **Dispense as written** _____ **Date** _____ **Substitution allowed**

The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in outreach to the prescriber.

accredo®