Please fax all pages of completed form to your team at 888.302.1028.

To reach your team, call toll-free 844.516.3319.

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

Prescription & Enrollment Form Crohn's Disease—Humira and Biosimilars

accredo

Four simple steps to submit your referral.

1 Patient Information

Please and p

Please provide copies of front and back of all medical and prescription insurance cards.

New patient Current pat	ient			
Patient's first name		Last name		Middle initial
Preferred patient first name		Preferre	ed patient last name	e
Sex at birth: Male Female	e Gender identity	Pronouns		Last 4 digits of SSN
Date of birth	Street address			Apt #
City		_ State		Zip
Home phone	Cell phone		_ Email address	
Parent/guardian (if applicable) _				
Home phone	Cell phone		_ Email address	
Alternate caregiver/contact				
Home phone	Cell phone		Email address	
OK to leave message with alt	ernate caregiver/contact			
Patient's primary language:	English Other If other, p	lease specify		

2 Prescriber Information

All fields must be completed to expedite prescription fulfillment.

Date		Time		Date medication n	eeded	
Office/clinic/institu	tion name					
Prescriber info: Pre	scriber's first na	me		Las	t name	
Prescriber's title			If NP	or PA, under direc	tion of Dr	
Office phone		Fax		NPI #	License #	
Office contact and	title			Offic	e contact email	
Office street addres	SS				Suite #	
City			State		Zip	
					omplete information below dotted line:	
Infusion info: Infus	ion site name			Clinic/hospital	affiliation	
Site street address					Suite #	
City			State		Zip	
Infusion site contact		Phon	e	Fax	Email	

3 Clinical Information

Primary ICD-10 code (REQUIRED):		Has the patient been treated previously for this condition?	Yes	No
Is patient currently on therapy?	Yes	No	Please list all therapies tried/failed:		

Patient wt		Date wt obtained
NKDA	Known drug allergies _	
Concurrent i	neds	

Patient's first name	Last name	Middle initial	Date of birth
Prescriber's first name	Last name	Phone	

Medication	Strength/Formulation	Directions	Quantity/Refills
adalimumab- aacf Citrate Free Patient weight is requested for pediatric patients: kg		 For Adults and Children 6 yrs and older weighing 40kg (88 lbs) and greater: Loading dose: Inject 160mg on day 1OR Inject 80mg on day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) then maintenance dose starting on day 29 For Adults and Children 6 yrs and older weighing 40kg (88 lbs) and greater: 	QS for 1-month loading dose No Refills 1-month supply 3-month supply Refill QS 1 year unless otherwise noted
		Maintenance dose: Inject 40mg subcutaneously every other week	Other
Amjevita™ (adalimumab-atto) Citrate Free (ADULT)	40mg/0.8mL SureClick Autoinjector 40mg/0.8mL prefilled syringe	Loading dose: Inject 160mg on day 1OR Inject 80mg on day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) then maintenance dose starting on day 29	QS for 1-month loading dose No Refills
	(PFS) 40mg/0.4mL PFS 40mg/0.4mL SureClick Autoinjector	Maintenance dose: Inject 40mg subcutaneously every other week	1-month supply 3-month supply Refill QS 1 year unless otherwise noted Other
Amjevita™ (adalimumab-atto) Citrate Free (PEDIATRIC) Patient weight is required for pediatric patients: kg	40mg/0.8mL SureClick Autoinjector 40mg/0.8mL PFS 40mg/0.4mL PFS 40mg/0.4mL SureClick Autoinjector	Loading dose: For 17kg to less than 40kg: Inject 80mg subcutaneously on day 1, then 40mg administered 2 weeks later (day 15) then maintenance dose starting on day 29 For 40kg or greater: Inject 160mg day 1OR Inject 80mg each day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) then maintenance dose starting on day 29	QS for 1-month loading dose No Refills
	20mg/0.4mL PFS 20mg/0.2mL PFS 40mg/0.8mL SureClick Autoinjector 40mg/0.8mL PFS 40mg/0.4mL PFS 40mg/0.4mL SureClick Autoinjector	Maintenance dose: For 17kg to less than 40kg: Inject 20mg subcutaneously every other week For 40kg or greater: Inject 40mg subcutaneously every other week	1-month supply 3-month supply Refill QS 1 year unless otherwise noted Other
Other			

Dispense needles, syringes, ancillary supplies and home medical equipment necessary to administer medication.

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

Prescriber's signature required (sign below) (Physician attests this is his/her legal signature. NO STAMPS)



Date

Dispense as written

Date

Substitution allowed

Patient's first name	Last name	Middle initial	Date of birth
Prescriber's first name	Last name	Phone	

Medication	Strength/Formulation	Directions	Quantity/Refills
Cyltezo® (adalimumab- adbm) Citrate Free (ADULT)	40mg/0.8mL pen 40mg/0.8mL PFS	Loading dose: Inject 160mg on day 1OR Inject 80mg on day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) then maintenance dose starting on day 29 Maintenance Dose: Inject 40mg subcutaneously every other week	QS for 1-month loading dose No Refills 1-month supply 3-month supply Refill QS 1 year unless otherwise noted Other
Cyltezo® (adalimumab- adbm) Citrate Free (PEDIATRIC) Patient weight is required for pediatric patients:	40mg/0.8mL pen 40mg/0.8mL PFS	Loading dose: For 17kg to less than 40kg: Inject 80mg subcutaneously on day 1, then 40mg administered 2 weeks later (day 15) then maintenance dose starting on day 29 For 40kg or greater: Inject 160mg day 1OR- Inject 80mg on day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) then maintenance dose starting on day 29	1 starter kit -OR- QS for 1-month loading dose No Refills
kg	20mg/0.4mL PFS 40mg/0.8mL pen 40mg/0.8mL PFS	Maintenance Dose: For 17kg to less than 40kg: Inject 20mg subcutaneously every other week For 40kg or greater: Inject 40mg subcutaneously every other week	1-month supply 3-month supply Refill QS 1 year unless otherwise noted Other
adalimumab- adbm Citrate Free (ADULT)	40mg/0.8mL pen 40mg/0.8mL PFS	Loading dose: For 17kg to less than 40kg: Inject 80mg subcutaneously on day 1, then 40mg administered 2 weeks later (day 15) then maintenance dose starting on day 29 For 40kg or greater: Inject 160mg day 1OR- Inject 80mg on day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) then maintenance dose starting on day 29 Maintenance Dose: For 17kg to less than 40kg: Inject 20mg subcutaneously every other week	QS for 1-month loading dose No Refills 1-month supply 3-month supply
Other		Inject 20mg subcutaneously every other week For 40kg or greater: Inject 40mg subcutaneously every other week	Refill QS 1 year unless otherwise noted Other

Dispense needles, syringes, ancillary supplies and home medical equipment necessary to administer medication.

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Date

Dispense as written

Date

Substitution allowed

Patient's first name	Last name	Middle initial	Date of birth
Prescriber's first name	Last name	Phone	

Medication	Strength/Formulation	Directions	Quantity/Refills
Hadlima™ (adalimumab- bwwd) Citrate Free (ADULT)	40mg/0.8mL PFS 40mg/0.4mL PFS 40mg/0.8mL PushTouch Autoinjector 40mg/0.4mL PushTouch Autoinjector	Loading dose: Inject 160mg on day 1OR Inject 80mg on day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) then maintenance dose starting on day 29	QS for 1-month loading dose No Refills
		Maintenance Dose: Inject 40mg subcutaneously every other week	1-month supply 3-month supply Refill QS 1 year unless otherwise noted Other
Humira® (adalimumab) (ADULT)	Starter: 80mg/0.8mL prefilled pen Starter Package (3 pens) 40mg/0.4mL PFS for starter dose	Loading dose: 160mg injected day 1OR 80mg injected each day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) followed by maintenance dose starting on day 29	1 starter kit -OR- QS for 1-month loading dose No Refills
	Maintenance:40mg/0.4mL40mg/0.8mLcitrate-free penpen40mg/0.4mL40mg/0.8mLcitrate-free PFSPFS	Maintenance Dose: Inject 40mg subcutaneously every other week	1-month supply 3-month supply Refill QS 1 year unless otherwise noted Other
Idacio [®] (adalimumab- aacf) Citrate Free Patient weight is requested for pediatric patients: kg	40mg/0.8mL PFS 40mg/0.8mL Pen	For Adults and Children 6 yrs and older weighing 40kg (88 lbs) and greater: Loading dose: Inject 160mg on day 1OR Inject 80mg on day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) then maintenance dose starting on day 29	QS for 1-month loading dose No Refills
0		For Adults and Children 6 yrs and older weighing 40kg (88 lbs) and greater: Maintenance Dose: Inject 40mg subcutaneously every other week	1-month supply 3-month supply Refill QS 1 year unless otherwise noted Other
Other			

Dispense needles, syringes, ancillary supplies and home medical equipment necessary to administer medication. If shipped to physician's office, physician accepts on behalf of patient for administration in office.

Prescriber's signature required (sign below) (Physician attests this is his/her legal signature. NO STAMPS)



Date

Dispense as written

Date

Substitution allowed

Patient's first name	Last name	Middle initial	Date of birth
Prescriber's first name	Last name	Phone	

Medication	Strength/Formulation	Directions	Quantity/Refills
Humira® (adalimumab) (PEDIATRIC) Patient weight is required	Starter: 40mg/0.4mL PFS for starter dose	Loading dose: 160mg injected day 1OR 80mg injected each day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) followed by maintenance dose starting on day 29	1 starter kit -OR- QS for 1-month loading dose No Refills
for pediatric patients:	40mg/0.4mL PFS for starter dose	Loading dose: 80mg subcutaneously on day 1, then 40mg administered 2 weeks later (day 15) then maintenance dose starting on day 29.	
	Maintenance:40mg/0.4mL40mg/0.8mL PFScitrate-free pen80mg/0.8mL40mg/0.4mLcitrate-free pencitrate-free PFS20mg/0.2mL PFS40mg/0.8mL pen20mg/0.2mL PFS	Maintenance Dose: Inject 40mg subcutaneously every other week Inject 20mg subcutaneously every other week	1-month supply 3-month supply Refill QS 1 year unless otherwise noted Other
Hyrimoz [®] (adalimumab- adaz) Citrate Free (ADULT)	80mg/0.8mL Pen Starter Pack (3 pens)	Loading dose: Inject 160mg on day 1OR Inject 80mg on day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) then maintenance dose starting on day 29	QS for 1-month loading dose No Refills
	40mg/0.4mL pen 40mg/0.4mL PFS	Maintenance Dose: Inject 40mg subcutaneously every other week	1-month supply 3-month supply Refill QS 1 year unless otherwise noted Other
adalimumab- adaz Citrate Free (ADULT)	40mg/0.4mL pen 40mg/0.4mL PFS	Loading dose: Inject 160mg on day 1OR Inject 80mg on day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) then maintenance dose starting on day 29	QS for 1-month loading dose No Refills
		Maintenance Dose: Inject 40mg subcutaneously every other week	1-month supply 3-month supply Refill QS 1 year unless otherwise noted Other
Other			

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Substitution allowed

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Prescriber's first name	Last name	Phone	

Medication	Strength/Formulation	Directions	Quantity/Refills
Hyrimoz [®] (adalimumab- adaz) Citrate Free (PEDIATRIC) Patient weight is required for pediatric patients: kg	80mg/0.8mL and 40mg/0.4mL PFS Pediatric Crohn's Starter Pack (2 PFS) 80mg/0.8mL PFS Pediatric Crohn's Starter Pack (3 PFS)	Loading dose: For 17kg to less than 40kg: Inject 80mg subcutaneously on day 1, then 40mg administered 2 weeks later (day 15) then mainte- nance dose starting on day 29 For 40kg or greater: Inject 160mg on day 1OR Inject 80mg each day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) then maintenance dose starting on day 29	QS for 1-month loading dose No Refills
	20mg/0.2mL PFS 40mg/0.4mL PFS 40mg/0.4mL pen	Maintenance Dose: For 17kg to less than 40kg: Inject 20mg subcutaneously every other week For 40kg or greater: Inject 40mg subcutaneously every other week	1-month supply 3-month supply Refill QS 1 year unless otherwise noted Other
adalimumab- adaz Citrate Free (PEDIATRIC) Patient weight is required for pediatric patients: kg	40mg/0.4mL PFS 40mg/0.4mL pen	Loading dose: For 17kg to less than 40kg: Inject 80mg subcutaneously on day 1, then 40mg administered 2 weeks later (day 15) then mainte- nance dose starting on day 29 For 40kg or greater: Inject 160mg on day 1OR Inject 80mg each day 1 and day 2 followed by 80mg subcutaneously 2 weeks later (day 15) then maintenance dose starting on day 29	QS for 1-month loading dose No Refills
		Maintenance Dose: For 17kg to less than 40kg: Inject 20mg subcutaneously every other week For 40kg or greater: Inject 40mg subcutaneously every other week	1-month supply 3-month supply Refill QS 1 year unless otherwise noted Other
Other			

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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.



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