

Please fax all pages of completed form to your team at 866.531.1025.

To reach your team, call toll-free 866.839.2162.

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

Ebglyss™ (lebrikizumab-lbkz)

accredo®

Four simple steps to submit your referral.

1 Patient Information



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

New patient Current patient

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

Preferred patient first name _____ Preferred patient last name _____

Sex at birth: Male Female 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 alternate caregiver/contact

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

2 Prescriber Information

All fields must be completed to expedite prescription fulfillment.

Date _____ Time _____ Date medication needed _____

Office/clinic/institution name _____

Prescriber info: Prescriber's first name _____ Last name _____

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

Office phone _____ Fax _____ NPI # _____ License # _____

Office contact and title _____ Office contact email _____

Office street address _____ Suite # _____

City _____ State _____ Zip _____

Infusion location: Patient's home Prescriber's office Infusion site If infusion site, complete information below dotted line: _____

Infusion info: Infusion site name _____ Clinic/hospital affiliation _____

Site street address _____ Suite # _____

City _____ State _____ Zip _____

Infusion site contact _____ Phone _____ Fax _____ Email _____

3 Clinical Information

Primary ICD-10 code (REQUIRED): _____

NKDA Known drug allergies _____

Prior anaphylactic reaction: Yes (Reason/date _____) No

Concurrent meds _____

Patient wt _____ kg Date wt obtained _____ Prescription type: Naïve/new start Restart Continued therapy

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

Prescriber's first name _____ Last name _____ Phone _____

4 Prescribing Information

Medication	Strength / Formulation and Directions	Quantity/Refills
Ebglyss™ (lebrikizumab-lbkz) 250mg/2mL prefilled pen	<p>(For patients 12 years and older, must be ≥ 40kg)</p> <p>Starter Dose (no samples given): Inject 500mg (2 pens) under the skin every 2 weeks on weeks 0 and 2, followed by 250mg (1 pen) every 2 weeks until week 16 or later</p> <p>Starter Dose (first dose given as sample): Inject 500mg (2 pens) under the skin on week 2, followed by 250mg (1 pen) every 2 weeks until week 16 or later</p>	<p>Starter dose:</p> <p>4 prefilled pens (28-day supply)</p> <p>2 prefilled pens (14-day supply)</p>
	<p>Induction Dose: Inject 250mg (1 pen) under the skin every 2 weeks until week 16 or later, when adequate clinical response is achieved</p>	<p>Induction dose:</p> <p>1-month supply</p> <p>3-month supply</p> <p>Refills _____</p>
	<p>Maintenance Dose: Inject 250mg (1 pen) under the skin every 4 weeks</p>	<p>Maintenance dose:</p> <p>1-month supply</p> <p>3-month supply</p> <p>Other _____</p> <p>Refills _____</p>

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)

**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.