

THIS FORM CAN BE USED FOR PATIENTS NEEDING:
PRESCRIPTION DISPENSED • BENEFIT VERIFICATION • NURSING SERVICES

Pharmacy Solutions, a specialty pharmacy service brought to you by AbbVie, provides expanded patient support and gives patients more options for accessing their prescribed medication by providing the personalized support they need.

Insurance Support Services

- o Benefit verification and prior authorization assistance

Pharmacy Services

- o Medication dispensing and delivery coordination
- o Forwarding of the prescription to an in-network specialty pharmacy or patient-preferred pharmacy if Pharmacy Solutions is not in-network to dispense

Financial Assistance Research

- o AbbVie-sponsored savings card eligibility
- o Referrals to independent co-pay foundations or the AbbVie Patient Assistance Foundation

Nursing Services

Patient Care Management

- o Initial and ongoing assessments
- o Follow-up calls

PLEASE REMEMBER TO...

1. Provide front and back copies of all prescription insurance card(s).
2. Initiate home nurse injection training, if needed.
3. Have the prescriber sign at the bottom.
4. If your state requires a prescription to be written on an official state form (e.g., New York), please fax separately.

Please provide complete information to ensure timely processing.

For more information, or to be connected with a dedicated Pharmacy Solutions Partner for your office, please call us at 888-857-0668.

Product support services are available regardless of where the prescription is filled.

Please see Important Safety Information, including **BOXED WARNING** on Serious Infections and Malignancy, on next page. Please click here for [full Prescribing Information](#).

INDICATIONS for HUMIRA® (adalimumab)¹

HUMIRA is indicated for the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate. HUMIRA should only be administered to patients who will be closely monitored and have regular follow-up visits with a physician.

HUMIRA is a prescription medicine used alone or with certain other medicines to reduce the signs and symptoms of psoriatic arthritis in adults, may prevent further damage to your bones and joints, and may help your ability to perform daily activities.

HUMIRA is indicated for the treatment of adult patients with moderate to severe hidradenitis suppurativa.

IMPORTANT SAFETY INFORMATION¹

SERIOUS INFECTIONS

Patients treated with HUMIRA are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.

Discontinue HUMIRA if a patient develops a serious infection or sepsis.

Reported infections include:

- **Active tuberculosis (TB), including reactivation of latent TB. Patients with TB have frequently presented with disseminated or extrapulmonary disease. Test patients for latent TB before HUMIRA use and during therapy. Initiate treatment for latent TB prior to HUMIRA use.**
- **Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized, disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Consider empiric anti-fungal therapy in patients at risk for invasive fungal infections who develop severe systemic illness.**
- **Bacterial, viral, and other infections due to opportunistic pathogens, including Legionella and Listeria.**

Carefully consider the risks and benefits of treatment with HUMIRA prior to initiating therapy in patients: 1. with chronic or recurrent infection, 2. who have been exposed to TB, 3. with a history of opportunistic infection, 4. who resided in or traveled in regions where mycoses are endemic, 5. with underlying conditions that may predispose them to infection. Monitor patients closely for the development of signs and symptoms of infection during and after treatment with HUMIRA, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy.

- Do not start HUMIRA during an active infection, including localized infections.
- Patients older than 65 years, patients with co-morbid conditions, and/or patients taking concomitant immunosuppressants may be at greater risk of infection.
- If an infection develops, monitor carefully and initiate appropriate therapy.
- Drug interactions with biologic products: A higher rate of serious infections has been observed in rheumatoid arthritis patients treated with rituximab who received subsequent treatment with a TNF blocker. Concurrent use of HUMIRA with biologic DMARDs (e.g., anakinra or abatacept) or other TNF blockers is not recommended based on the possible increased risk for infections and other potential pharmacological interactions.

MALIGNANCY

Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, including HUMIRA. Postmarketing cases of hepatosplenic T-cell lymphoma (HSTCL), a rare type of T-cell lymphoma, have been reported in patients treated with TNF blockers, including HUMIRA. These cases have had a very aggressive disease course and have been fatal. The majority of reported TNF blocker cases have occurred in patients with Crohn's disease or ulcerative colitis and the majority were in adolescent and young adult males. Almost all of these patients had received treatment with azathioprine or 6-mercaptopurine concomitantly with a TNF blocker at or prior to diagnosis. It is uncertain whether the occurrence of HSTCL is related to use of a TNF blocker or a TNF blocker in combination with these other immunosuppressants.

- Consider the risks and benefits of HUMIRA treatment prior to initiating or continuing therapy in a patient with known malignancy.
- In clinical trials, more cases of malignancies were observed among HUMIRA-treated patients compared to control patients.
- Non-melanoma skin cancer (NMSC) was reported during clinical trials for HUMIRA-treated patients. Examine all patients, particularly those with a history of prolonged immunosuppressant or PUVA therapy, for the presence of NMSC prior to and during treatment with HUMIRA.
- In HUMIRA clinical trials, there was an approximate 3-fold higher rate of lymphoma than expected in the general U.S. population. Patients with chronic inflammatory diseases, particularly those with highly active disease and/or chronic exposure to immunosuppressant therapies, may be at higher risk of lymphoma than the general population, even in the absence of TNF blockers.
- Postmarketing cases of acute and chronic leukemia were reported with TNF blocker use. Approximately half of the postmarketing cases of malignancies in children, adolescents, and young adults receiving TNF blockers were lymphomas; other cases included rare malignancies associated with immunosuppression and malignancies not usually observed in children and adolescents.

HYPERSENSITIVITY

- Anaphylaxis and angioneurotic edema have been reported following HUMIRA administration. If a serious allergic reaction occurs, stop HUMIRA and institute appropriate therapy.

HEPATITIS B VIRUS REACTIVATION

- Use of TNF blockers, including HUMIRA, may increase the risk of reactivation of hepatitis B virus (HBV) in patients who are chronic carriers. Some cases have been fatal.
- Evaluate patients at risk for HBV infection for prior evidence of HBV infection before initiating TNF blocker therapy.
- Exercise caution in patients who are carriers of HBV and monitor them during and after HUMIRA treatment.
- Discontinue HUMIRA and begin antiviral therapy in patients who develop HBV reactivation. Exercise caution when resuming HUMIRA after HBV treatment.

NEUROLOGIC REACTIONS

- TNF blockers, including HUMIRA, have been associated with rare cases of new onset or exacerbation of central nervous system and peripheral demyelinating diseases, including multiple sclerosis, optic neuritis, and Guillain-Barré syndrome.
- Exercise caution when considering HUMIRA for patients with these disorders; discontinuation of HUMIRA should be considered if any of these disorders develop.
- There is a known association between intermediate uveitis and central demyelinating disorders.

HEMATOLOGIC REACTIONS

- Rare reports of pancytopenia, including aplastic anemia, have been reported with TNF blockers. Medically significant cytopenia has been infrequently reported with HUMIRA.
- Consider stopping HUMIRA if significant hematologic abnormalities occur.

CONGESTIVE HEART FAILURE

- Worsening or new onset congestive heart failure (CHF) may occur; exercise caution and monitor carefully.

AUTOIMMUNITY

- Treatment with HUMIRA may result in the formation of autoantibodies and, rarely, in development of a lupus-like syndrome. Discontinue treatment if symptoms of a lupus-like syndrome develop.

IMMUNIZATIONS

- Patients on HUMIRA should not receive live vaccines.
- Pediatric patients, if possible, should be brought up to date with all immunizations before initiating HUMIRA therapy.
- The safety of administering live or live-attenuated vaccines in infants exposed to HUMIRA *in utero* is unknown. Risks and benefits should be considered prior to vaccinating (live or live-attenuated) exposed infants.

ADVERSE REACTIONS

- The most common adverse reactions in HUMIRA clinical trials (>10%) were: infections (e.g., upper respiratory, sinusitis), injection site reactions, headache, and rash.

Reference: 1. HUMIRA Injection [package insert]. North Chicago, IL: AbbVie Inc.

HUMIRA® (adalimumab) REFERRAL AND PRESCRIPTION FORM

SIGN AND FAX THIS FORM TO 800-266-2065. FOR QUESTIONS, PLEASE CALL 888-857-0668.

PATIENT AND PRESCRIBER INFORMATION	PATIENT INFORMATION SSN (Last 4 ONLY) ____ ____ ____ ____	PRESCRIBER INFORMATION <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other: _____
	First Name: _____ MI: _____	Prescriber Name: _____
	Last Name: _____	Specialty: <input type="checkbox"/> Derm <input type="checkbox"/> Other: _____
	DOB: _____ Weight (lbs): _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	NPI/Provider #: _____ State License #: _____
	Address: _____	Office Name: _____
	City/State/Zip: _____	Contact: _____
	Primary Phone: _____ <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> M	Address: _____
	Alternate Phone: _____ <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> M	City/State/Zip: _____
Drug Allergies: _____	Phone: _____ Fax: _____	

INSURANCE INFORMATION	Fax a copy of the front and back of prescription insurance card(s) or fill in the information below	
	Primary Insurance: _____	Secondary Insurance: _____
	Phone: _____	Phone: _____
	Cardholder ID #: _____ Group #: _____	Cardholder ID #: _____ Group #: _____
	PCN: _____ BIN: _____	PCN: _____ BIN: _____
	Policyholder Name: _____ DOB: _____	Policyholder Name: _____ DOB: _____

BV ONLY	BENEFIT VERIFICATION ONLY
	<input type="checkbox"/> I do not want to prescribe HUMIRA at this time, but please verify drug coverage.

CLINICAL AND PRESCRIPTION INFORMATION	PATIENT'S DIAGNOSIS Date of Diagnosis: _____ <input type="checkbox"/> Plaque Psoriasis ICD-10: _____
	<input type="checkbox"/> Psoriatic Arthritis ICD-10: _____ <input type="checkbox"/> Hidradenitis Suppurativa ICD-10: _____ <input type="checkbox"/> Other (include code): _____
	SHIPPING PREFERENCE Date needed: _____ <input type="checkbox"/> Deliver medication to the patient <input type="checkbox"/> Deliver medication to the prescriber
	PRESCRIPTION <input type="checkbox"/> New <input type="checkbox"/> Restart <input type="checkbox"/> Continuing
	Plaque Psoriasis Starting Therapy
	<input type="checkbox"/> HUMIRA Psoriasis Two 40 mg subcutaneous inj. for first dose (Day 1), then one 40 mg subcutaneous inj. one week after first dose (Day 8), then one 40 mg subcutaneous inj. three weeks after first dose (Day 22) <input type="checkbox"/> #4 pens <input type="checkbox"/> #4 syringes No Refills
	<input type="checkbox"/> Starter Package 40 mg/0.8 mL
	Plaque Psoriasis Ongoing Therapy or Psoriatic Arthritis Therapy
	<input type="checkbox"/> HUMIRA Pen 40 mg/0.8 mL 40 mg subcutaneous inj. every other week <input type="checkbox"/> #2 pens <input type="checkbox"/> #6 pens Refills: _____
	<input type="checkbox"/> HUMIRA Prefilled Syringe 40 mg/0.8 mL 40 mg subcutaneous inj. every other week <input type="checkbox"/> #2 syringes <input type="checkbox"/> #6 syringes Refills: _____
Hidradenitis Suppurativa Starting Therapy	
<input type="checkbox"/> HUMIRA Hidradenitis Suppurativa <input type="checkbox"/> Four 40 mg subcutaneous inj. Day 1, two 40 mg subcutaneous inj. Day 15 <input type="checkbox"/> #6 pens <input type="checkbox"/> #6 syringes No Refills	
<input type="checkbox"/> Starter Package 40 mg/0.8 mL <input type="checkbox"/> Two 40 mg subcutaneous inj. Day 1, two 40 mg subcutaneous inj. Day 2, two 40 mg subcutaneous inj. Day 15 <input type="checkbox"/> #6 pens <input type="checkbox"/> #6 syringes No Refills	
Hidradenitis Suppurativa Ongoing Therapy	
<input type="checkbox"/> HUMIRA 40 mg/0.8 mL <input type="checkbox"/> One 40 mg subcutaneous inj. Day 29 and every week thereafter <input type="checkbox"/> #4 pens <input type="checkbox"/> #12 pens Refills: _____	
<input type="checkbox"/> #4 syringes <input type="checkbox"/> #12 syringes Refills: _____	
Other	
<input type="checkbox"/> HUMIRA _____ SIG: _____ Qty: _____ Refills: _____	

NURSE	If you would like to initiate home nurse injection training, please call 1-800-448-6472 .
	PRESCRIBER SIGNATURE: PRESCRIBER MUST MANUALLY SIGN (RUBBER STAMPS, SIGNATURE BY OTHER OFFICE PERSONNEL FOR THE PRESCRIBER, AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED), OR SEND AN ELECTRONIC PRESCRIPTION TO PHARMACY SOLUTIONS, AN ABBVIE COMPANY.

<input type="checkbox"/> Dispense as written/Do not substitute _____ Date	<input type="checkbox"/> Substitution permitted/Brand exchange permitted _____ Date
I authorize Pharmacy Solutions and its employees to serve as my agent for the sole purpose of obtaining patient benefit information and the necessary prior authorization forms when dealing with Health Plans and Pharmacy Benefits Managers (PBMs), if the plan or PBM requires such authorization.	

For states requiring handwritten expressions of Product Selection, use this area (e.g., medically necessary, may not substitute, dispense as written, etc.)

The information contained in this communication is confidential and intended for the addressee. It may contain Protected Health Information (PHI) under HIPAA. PHI is personal and sensitive information related to a person's health. This information is sent to you under circumstances when a participant's authorization is not required. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Redisclosure, unless permitted by law, is prohibited. If you are not the intended recipient, you are hereby notified that dissemination, disclosure, copying, or distribution of this information is strictly prohibited and may be unlawful. Please notify sender immediately to arrange for return of this document.

Please see Important Safety Information, including BOXED WARNING on Serious Infections and Malignancy, on previous page.
Please click here for [full Prescribing Information](#).