

**HUMIRA Nurse  
Injection Training Order Form—  
Pediatric Indications**

Please sign and fax this form to **1.866.980.1066**  
For questions, please call 1.800.4HUMIRA

Please print clearly. All fields marked with an asterisk (\*) are required.

**Patient Information**

**Prescriber Information**

Patient's Name*: _____	Prescriber Name*: _____
Gender (check one): <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth*: _____	Check One: <input type="checkbox"/> MD <input type="checkbox"/> DO Other: _____
Name of Patient's Personal Representative*: _____	Address: _____
Relationship: _____	City: _____ State: _____ ZIP*: _____
Address: _____	NPI #: _____
City: _____ State: _____ ZIP*: _____	Office Contact*: _____
Phone*: _____	Phone*: _____ Fax*: _____

**HUMIRA Treatment of Patient\*:** HUMIRA is given as a subcutaneous (SC) injection. **(This is not a prescription.)**  
Please check the appropriate dosing regimen the patient has been prescribed. The HUMIRA Nurse will use this information for training purposes during the education visit(s).

<b>Dosing for JIA</b> based on patient weight: <b>Dosing for Pediatric Uveitis†</b> based on patient weight: †Non-infectious intermediate, posterior, and panuveitis	If 10 kg (22 lbs) to <15 kg (33 lbs)	<input type="checkbox"/> 10 mg QOW
	If 15 kg (33 lbs) to <30 kg (66 lbs)	<input type="checkbox"/> 20 mg QOW
	If ≥30 kg (66 lbs)	<input type="checkbox"/> 40 mg QOW
	Other HUMIRA Dose	<input type="checkbox"/> Other:
<b>Dosing for Pediatric Crohn's Disease</b> based on patient weight:	If 17 kg (37 lbs) to <40 kg (88 lbs)	<input type="checkbox"/> 80 mg Day 1; 40 mg Day 15; 20 mg QOW thereafter
	If ≥40 kg (88 lbs)	<input type="checkbox"/> 160 mg Day 1; 80 mg Day 15; 40 mg QOW thereafter Or _____
		<input type="checkbox"/> 80 mg Day 1; 80 mg Day 2; 80 mg Day 15; 40 mg QOW thereafter
Other HUMIRA Dose	<input type="checkbox"/> Other:	
<b>Dosing for Hidradenitis Suppurativa (adolescent patient)</b> based on patient weight:	If 30 kg (66 lbs) to <60 kg (132 lbs)	<input type="checkbox"/> 80 mg Day 1; 40 mg Day 8 and QOW thereafter
	If ≥60 kg (132 lbs)	<input type="checkbox"/> 160 mg Day 1; 80 mg Day 15; 40 mg Day 29 and QW thereafter
	Other HUMIRA Dose	<input type="checkbox"/> Other:

**Nursing Orders:** My signature on this form indicates I am requesting a Registered Nurse to either (i) provide patient training on proper technique for self-administration of HUMIRA or, if needed, (ii) the administration of HUMIRA during the teaching visit. Order valid for up to one year.

**Prescriber's Signature\***

<b>X</b>	<b>Date*</b>
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Please see Important Safety Information, INCLUDING BOXED WARNING on Serious Infections and Malignancy, on next page.

Please see Full Prescribing Information provided or visit [www.rxabbvie.com/pdf/humira.pdf](http://www.rxabbvie.com/pdf/humira.pdf).



## INDICATIONS<sup>1</sup>

- **Juvenile Idiopathic Arthritis:** HUMIRA is indicated, alone or in combination with methotrexate, for reducing signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis in patients 2 years of age and older.
- **Pediatric Crohn's Disease:** HUMIRA is indicated for reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients 6 years of age and older with moderately to severely active Crohn's disease who have had an inadequate response to corticosteroids or immunomodulators such as azathioprine, 6-mercaptopurine, or methotrexate.
- **Hidradenitis Suppurativa:** HUMIRA is indicated for the treatment of moderate to severe hidradenitis suppurativa in patients 12 years of age and older.
- **Uveitis:** HUMIRA is indicated for the treatment of non-infectious intermediate, posterior, and panuveitis in adults and pediatric patients 2 years of age and older.

## IMPORTANT SAFETY INFORMATION<sup>1</sup>

### 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 RA patients treated with rituximab who received subsequent treatment with a TNF blocker. An increased risk of serious infections has been seen with the combination of TNF blockers with anakinra or abatacept, with no demonstrated added benefit in patients with RA. Concomitant administration of HUMIRA with other 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 and new onset congestive heart failure (CHF) has been reported with TNF blockers. Cases of worsening CHF have been observed with HUMIRA; 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.
- Adalimumab is actively transferred across the placenta during the third trimester of pregnancy and may affect immune response in the *in utero* exposed infant. 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.

Please see Full Prescribing Information provided or visit [www.rxabbvie.com/pdf/humira.pdf](http://www.rxabbvie.com/pdf/humira.pdf).

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