### 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 <u>MyAccredoPatients.com</u> to log in or get started.

## Prescription & Enrollment Form Adbry<sup>®</sup> (tralokinumab-ldrm)

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 p	atient			
Patient's first name		Last name		Middle initial
Preferred patient first name _		Preferred	l patient last name	
Sex at birth: Male Fema	ale Gender identity	Pronouns	Last 4 digits	s of SSN
Date of birth	Street address			Apt #
City		State	Zi	p
Home phone	Cell phone		Email address	
Parent/guardian (if applicable)	)			
	Cell phone			
Alternate caregiver/contact				
Home phone	Cell phone		Email address	
OK to leave message with a	alternate 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 needed	
Office/clinic/institution name			
Prescriber's first name		Last name	
Prescriber's title	e 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
Deliver product to: Prescriber's	office Patient's home		

# **3** Clinical Information

ICD-10 code (REQU	IRED):	Atopic Dermatitis, unsp	ecified (L20.9)	Other			
NKDA Knowr	n drug alle	ergies					
Prior anaphylactic re	eaction:	Yes (Reason/date					) No
Concurrent meds				[	Estimated % BSA in	nvolvement	
Concomitant therapi	ies: Sl	hort-acting beta agonist	Long-acting b	oeta agonist	Antihistamines	Decongestants	Immunotherapy
Inhaled corticoste	eroid l	Leukotriene modifiers	Oral steroids	Nasal steroid	ls Other		
Lab results: Hist	ory of pos	sitive skin OR RAST test	to a perennial ae	roallergen			

#### Prescription & Enrollment Form: Adbry<sup>®</sup> (tralokinumab-ldrm)

Patient's first name	Last name	Middle initial	Date of birth
Prescriber's first name	Last name	Ph	one
<b>3</b> Prescribing Information	(continued)		
Pre-treatment steroid dose mg Pre-tre			
Pre-treatment serum eosinophils Patient wtkg Date wt obtair			Date
MD Specialty (required): Allergist Pulmonolog		Padiatriaian Darmatalagist	Other
Prescription type: Naïve/new start Restart	-	r eulaincian Definatologist	

Prior therapies: Please fax detailed medication history with dates of use as available. Required by some plan authrization criteria. Topical steroid(s) Oral antihistamines Topical PDE-4 inhibitor Oral steroids Oral immunosuppressants Topical calcineurin inhibitor Sinus surgery

# 4 Prescribing Information

Medication	Strength / Formulation and Directions	Quantity/Refills
Adbry <sup>®</sup> (tralokinumab) 150mg/mL prefilled syringe 4-pack Adbry <sup>®</sup> (tralokinumab) 150mg/mL prefilled syringe 2-pack (ADULT)	<ul> <li>Starter Dose: Inject four syringes (total of 600mg) under the skin on Day 1 then two syringes (300mg) every 2 weeks starting on day 15 and thereafter.</li> <li>Maintenance Dose: Inject 300mg under the skin every 2 weeks.</li> </ul>	1-month supply 3-month supply Other: Refills
Adbry <sup>®</sup> (tralokinumab) 150mg/mL prefilled syringe 2-pack (PEDIATRIC ages 12–17)	<ul> <li>Starter Dose: Inject two syringes (total of 300mg) under the skin on Day 1 then one syringe (150mg) every 2 weeks starting on day 15 and thereafter.</li> <li>Maintenance Dose: Inject 150mg under the skin every 2 weeks.</li> </ul>	1-month supply 3-month supply 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 required (sign below) (Physician attests this is his/her legal signature. NO STAMPS)



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.



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