

Please fax both pages of completed form to your team at 808.650.6487.

To reach your team, call toll-free 808.650.6488.

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

Elevidys (delandistrogene moxeparvovec-rokl)

accredo®

677 Ala Moana Blvd., Suite 404,
Honolulu, HI 96813-5412

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 _____

Sex at birth: Male Female 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 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): _____ 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 meds _____

AAVrh74 Antibody Test: Ordered Completed

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

Prescriber's first name _____ Last name _____ Phone _____

4 Prescribing Information

Weight (kg)	Patient Weight Range (kg)	Number of vials	Dose volume (mL)	Carton NDCs
42	41.5 - 42.49	42	420	60923-533-42
43	42.5 - 43.49	43	430	60923-534-43
44	43.5 - 44.49	44	440	60923-535-44
45	44.5 - 45.49	45	450	60923-536-45
46	45.5 - 46.49	46	460	60923-537-46
47	46.5 - 47.49	47	470	60923-538-47
48	47.5 - 48.49	48	480	60923-539-48
49	48.5 - 49.49	49	490	60923-540-49
50	49.5 - 50.49	50	500	60923-541-50
51	50.5 - 51.49	51	510	60923-542-51
52	51.5 - 52.49	52	520	60923-543-52
53	52.5 - 53.49	53	530	60923-544-53
54	53.5 - 54.49	54	540	60923-545-54
55	54.5 - 55.49	55	550	60923-546-55
56	55.5 - 56.49	56	560	60923-547-56
57	56.5 - 57.49	57	570	60923-548-57
58	57.5 - 58.49	58	580	60923-549-58
59	58.5 - 59.49	59	590	60923-550-59
60	59.5 - 60.49	60	600	60923-551-60
61	60.5 - 61.49	61	610	60923-552-61
62	61.5 - 62.49	62	620	60923-553-62
63	62.5 - 63.49	63	630	60923-554-63
64	63.5 - 64.49	64	640	60923-555-64
65	64.5 - 65.49	65	650	60923-556-65
66	65.5 - 66.49	66	660	60923-557-66
67	66.5 - 67.49	67	670	60923-558-67
68	67.5 - 68.49	68	680	60923-559-68
69	68.5 - 69.49	69	690	60923-560-69
70	69.5 and above	70	700	60923-561-70

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)

**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.



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