

Please fax all 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](https://myaccredopatients.com) to log in or get started.

Accredo® Specialty Pharmacy Prescription & Enrollment Form

JELMYTO® (mitomycin)

EVERNORTH®
HEALTH SERVICES

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 Preferred 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 _____

Provider will read the following statement to patient: By providing the phone number(s) and email address above, you consent to receiving automated/artificial voice calls, emails and/or text messages from Accredo about your prescription(s), account, and health care. Standard data rates apply. Message frequency varies.

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 _____ 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 _____

3 Clinical Information

Primary ICD10 code: (REQUIRED) _____

C65.1 malignant neoplasm of right renal pelvis C66.1 malignant neoplasm of right ureter

C65.2 malignant neoplasm of left renal pelvis C66.2 malignant neoplasm of left ureter

C65.9 malignant neoplasm of unspecified renal pelvis C66.9 malignant neoplasm of unspecified ureter

Current weight _____ kg/lbs Date obtained _____

NKDA Known drug allergies _____

Concurrent meds _____

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

Prescriber's first name _____ Last name _____ Phone _____

4 Prescribing Information

Medication	Strength/formulation	Directions	Quantity/Refills
JELMYTO® (mitomycin) for pyelocalyceal solution	Kit for pyelocalyceal solution containing two 40mg (each) vials before reconstitution into one single-dose vial <i>Final concentration: 4mg/mL after reconstitution</i>	Induction dosing: Instill volume based on pyelography via ureteral catheter or nephrostomy tube once weekly for 6 weeks (max 15mL/60mg).	Qty: 1 kit Refills: 5
JELMYTO® (mitomycin) for pyelocalyceal solution	Kit for pyelocalyceal solution containing two 40mg (each) vials before reconstitution into one single-dose vial <i>Final concentration: 4mg/mL after reconstitution</i>	Maintenance dosing: Instill volume based on pyelography via ureteral catheter or nephrostomy tube once monthly (max 15mL/60mg). <i>For patients with a complete response from induction dosing at 3 months, may administer once monthly for up to 11 additional installations.</i>	Qty: 1 kit Refills: 10
Supplies: Dispense syringes and ancillary supplies necessary to administer medication.			

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)

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.