

Please fax all pages of completed form to your team at 866.579.4655.

To reach your team, call toll-free 855.778.1510.

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

Spinraza® (nusinersen) injection, for intrathecal use

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 patient

Patient's first name _____ Last name _____ Middle initial _____

Preferred patient first name _____ Preferred patient last name _____

Sex at birth: Male Female Gender identity _____ 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: 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 _____

Deliver product to: Prescriber's office Patient's home

3 Clinical Information

Primary ICD-10 code (REQUIRED): _____ Date of Dx _____

SMA Type: I II III Other _____

Is diagnosis confirmed by genetic testing? Yes No If yes, please include copies of all available results of genetic analysis.

Plan authorization may require one or more of the following: (please attach if available)

- Genetic confirmation of SMN-1 deletion or mutation status
- Documented parental carrier status or prenatal testing
- Documented family history of 5qSMA
- SMN-2 genetic analysis
- Chart note indicating patient status or response to therapy

SCr _____ Date _____ NKDA Known drug allergies _____

Prior/current treatment: Evrysdi Zolgensma Other _____

Concurrent meds _____

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

Prescriber's first name _____ Last name _____ Phone _____

4 Prescribing Information

Medication	Dose	Directions	Quantity/Refills
Spinraza® (nusinersen)	12mg/5mL vial	Administer 12mg intrathecally via sterile procedure as per product instructions according to the following schedule (enter dates to be given): Loading dose 1: _____ Already given in hospital/clinic Loading dose 2 (14 days after loading dose 1): _____ Already given in hospital/clinic Loading dose 3 (14 days after loading dose 2): _____ Already given in hospital/clinic Loading dose 4 (30 days after loading dose 3): _____ Already given in hospital/clinic Maintenance dose given every 4 months after 4th loading dose: Next injection date _____ Other instructions:	Dispense: Up to 28 days supply for loading or 1 maintenance administration Other: _____ Refills: _____
Other			

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.