

Please fax both 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 [MyAccredoPatients.com](http://MyAccredoPatients.com) to log in or get started.

## Prescription & Enrollment Form Cibinqo™ (abrocitinib)

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 \_\_\_\_\_

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 \_\_\_\_\_

## 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

ICD-10 code (REQUIRED): \_\_\_\_\_

NKDA    Known drug allergies \_\_\_\_\_

Prior anaphylactic reaction:    Yes (Reason/date \_\_\_\_\_)    No

Concurrent meds \_\_\_\_\_ Estimated % BSA involvement \_\_\_\_\_

Concomitant therapies:    Short-acting beta agonist    Long-acting beta agonist    Antihistamines    Decongestants    Immunotherapy

Inhaled corticosteroid    Leukotriene modifiers    Oral steroids    Nasal steroids    Other \_\_\_\_\_

Lab results:    History of positive skin OR RAST test to a perennial aeroallergen

Pre-treatment steroid dose \_\_\_\_\_ mg    Pre-treatment serum IgE level \_\_\_\_\_ IU per mL    Test date \_\_\_\_\_

Pre-treatment serum eosinophils \_\_\_\_\_ cells/mcL and/or sputum eosinophils \_\_\_\_\_ Date \_\_\_\_\_

Patient wt \_\_\_\_\_ kg    Date wt obtained \_\_\_\_\_

MD Specialty (required):    Allergist    Pulmonologist    ENT    Primary care    Pediatrician    Dermatologist    Other \_\_\_\_\_

Prescription type:    Naïve/new start    Restart    Continued therapy

Prior therapies: Please fax detailed medication history with dates of use as available. Required by some plan authorization criteria.

Topical steroid(s)    Oral antihistamines    Topical PDE-4 inhibitor    Oral steroids    Oral immunosuppressants

Topical calcineurin inhibitor    Sinus surgery

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
Cibinqo™ (abrocitinib)	50mg tablets 100mg tablets 200mg tablets	Take one tablet by mouth once daily	Quantity _____ Refills _____

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.