HUMIRA® (adalimumab) CITRATE-FREE REFERRAL AND PRESCRIPTION FORM

Sign and fax this form to Complete by AbbVie at 877-314-8427 or the pharmacy of your choice. For questions, please call 800-448-6472.

DERMATOLOGY

PATIENT AND PRESCRIBER INFORMATION

PATIENT INFORMATION SSN (Last 4 ONLY) 2 | 6 | 0 | 1

First Name: Rachel MI:

Last Name: Stevens

DOB: 8/16/1983 Weight (lbs): 179 Sex: ☐ M ☒ F

Address: 68 Bird Spring Lane

City/State/Zip: Houston, TX 77056

Primary Phone: 281 567 4995 ☐ H ☐ W ☒ M

Alternate Phone: ☐ H ☐ W ☐ M

Drug Allergies: Aspirin

PRESCRIBER INFORMATION ☒ MD ☐ DO ☐ Other:

Prescriber Name: Daniel Stockman

Specialty: ☒ Derm ☐ Other:

NPI/Provider #: 6364816846 State License #: 432127568

Office Name: Mountain View Med

Contact: Barbara Watts

Address: 2059 Payne Street

City/State/Zip: Houston, TX 77028

Phone: 281 210 4657 Fax: 832 630 2414

INSURANCE INFORMATION

Fax a copy of the front and back of prescription insurance card(s) or fill in the information below

Primary Insurance: Cigna

Phone: 1800 325 1404

Cardholder ID #: 70201540 Group #: 56620

PCN: DGX BIN: 120453

Policyholder Name: Rachel Stevens DOB:

Secondary Insurance:

Phone:

Cardholder ID #: Group #:

PCN: BIN:

Policyholder Name: DOB:

BV

BENEFIT VERIFICATION ONLY ☐ I do **not** want to prescribe HUMIRA at this time, but please verify drug coverage.

CLINICAL AND PRESCRIPTION INFORMATION

PATIENT'S DIAGNOSIS Date of Diagnosis: 5/23/2025

☒ Plaque Psoriasis ICD-10: L40.0

☐ Adolescent Hidradenitis Suppurativa ICD-10:

☐ Hidradenitis Suppurativa ICD-10:

☐ Psoriatic Arthritis ICD-10:

☐ Other (include code):

Prior medications:

TB Test (Date) 5/23/2025 ☐ Pos ☒ Neg

Please attach any clinical or office notes relevant to therapy.

SHIPPING PREFERENCE Date needed: 5/28/2025

☒ Deliver medication to the patient

☐ Deliver medication to the prescriber

PRESCRIPTION

☒ New ☐ Restart ☐ Continuing

Current filling pharmacy:

Plaque Psoriasis or Adolescent Hidradenitis Suppurativa 30 kg (66 lbs) to < 60 kg (132 lbs)

Starting Therapy

☒ **Syringe:** HUMIRA 40 mg/0.4 mL *NDC: 0074-0243-02* — Two 40 mg SQ inj. Day 1, one 40 mg SQ inj. Day 8, one 40 mg SQ inj. Day 22 — #4 — No Refills

Or

☐ **Pen:** HUMIRA Starter Pkg 80 mg/0.8 mL, 40 mg/0.4 mL *NDC: 0074-1539-03* — One 80 mg SQ inj. Day 1, one 40 mg SQ inj. Day 8, one 40 mg SQ inj. Day 22 — #3 — No Refills

Ongoing Therapy

Or ☐ **Syringe:** HUMIRA 40 mg/0.4 mL *NDC: 0074-0243-02*
☐ **Pen:** HUMIRA 40 mg/0.4 mL *NDC: 0074-0554-02* — One 40 mg SQ inj. QOW — ☐ #2 (1 month) ☐ #6 (3 month) Refills: ____

Hidradenitis Suppurativa for Adults or Adolescents ≥ 60 kg (132 lbs)

Starting Therapy

☐ **Pen:** HUMIRA Starter Pkg 80 mg/0.8 mL *NDC: 0074-0124-03*
☐ Two 80 mg SQ inj. Day 1, one 80 mg SQ inj. Day 15
☐ One 80 mg SQ inj. Day 1, one 80 mg SQ inj. Day 2, one 80 mg SQ inj. Day 15
#3 — No Refills

Ongoing Therapy

Or ☐ **Syringe:** HUMIRA 40 mg/0.4 mL *NDC: 0074-0243-02*
☐ **Pen:** HUMIRA 40 mg/0.4 mL *NDC: 0074-0554-02* — One 40 mg SQ inj. Day 29 & every week thereafter — ☐ #4 (1 month) ☐ #12 (3 month) Refills: ____

Psoriatic Arthritis Therapy

Or ☐ **Syringe:** HUMIRA 40 mg/0.4 mL *NDC: 0074-0243-02*
☐ **Pen:** HUMIRA 40 mg/0.4 mL *NDC: 0074-0554-02* — One 40 mg SQ inj. QOW — ☐ #2 (1 month) ☐ #6 (3 month) Refills: ____

Other ☐ HUMIRA SIG: Qty: Refills:

PRESCRIBER SIGNATURE: PRESCRIBER MUST MANUALLY SIGN (RUBBER STAMPS, SIGNATURE BY OTHER OFFICE PERSONNEL FOR THE PRESCRIBER, AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED), OR SEND AN ELECTRONIC PRESCRIPTION TO THE PHARMACY.

Dan Stock 5/23/2025

☐ **Dispense as written/Do not substitute** **Date** ☒ **Substitution permitted/Brand exchange permitted** **Date**

I authorize the pharmacy and its employees to serve as my agent for the sole purpose of obtaining patient benefit information and the necessary prior authorization forms when dealing with Health Plans and Pharmacy Benefits Managers (PBMs), if the plan or PBM requires such authorization.

For states requiring handwritten expressions of Product Selection, use this area (e.g., medically necessary, may not substitute, dispense as written, etc.)

Please see Important Safety Information on next page.

Please see accompanying full Prescribing Information, including BOXED WARNING, or visit www.rxabbvie.com/pdf/humira.pdf.