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 | 0 | 1 | 0

First Name: Cynthia MI: K

Last Name: Ratcliffe

DOB: 6/20/1949 Weight (lbs): 163 Sex: ☐ M ☒ F

Address: 4238 Byrd Lane

City/State/Zip: Kenner, LA 70062

Primary Phone: 504 957 4515 ☒ H ☐ W ☐ M

Alternate Phone: ☐ H ☐ W ☐ M

Drug Allergies:

PRESCRIBER INFORMATION ☒ MD ☐ DO ☐ Other:

Prescriber Name: Tara Vrooman

Specialty: ☒ Derm ☐ Other:

NPI/Provider #: 5002793961 State License #: 42825077 74

Office Name: Brian Payne Family Healthcare

Contact: Silas Beck

Address: 3302 Shadowmar Drive

City/State/Zip: New Orleans, LA 70118

Phone: 504 862 4520 Fax: 504 491 6046

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 3254404

Cardholder ID #: 1414662 Group #:

PCN: 1245PAYR BIN: 061740

Policyholder Name: Nathan Ratcliffe DOB: 2/6/1947

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: 2/6/2025

☐ Plaque Psoriasis ICD-10:

☐ Adolescent Hidradenitis Suppurativa ICD-10:

☐ Hidradenitis Suppurativa ICD-10:

☒ Psoriatic Arthritis ICD-10: L40.53

☐ Other (include code):

Prior medications:

TB Test (Date) 2/6/2025 ☐ Pos ☒ Neg

Please attach any clinical or office notes relevant to therapy.

SHIPPING PREFERENCE Date needed: 5/30/2025

☒ Deliver medication to the patient

☐ Deliver medication to the prescriber

PRESCRIPTION

☐ New ☐ Restart ☒ Continuing

Current filling pharmacy: CVS Specialty

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: 2

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.

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.)

Dispense as written

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.