RHEUM

Acthar® GEL
(repository corticotropin injection) 80 U/mL

☐ SENT PRESCRIPTION DIRECTLY TO SPECIALTY PHARMACY. PLEASE ENROLL PATIENT IN ACTHAR PATIENT SUPPORT.

PHARMACY NAME: _____

FAX: 1-877-937-2284
Acthar Referral Form
Please complete Referral Form and fax toll-free
TEL: 1-888-435-2284
Monday through Friday (8:00 AM to 9:00 PM ET)
Saturday (9:00 AM to 2:00 PM ET)

1. PATIENT INFORMATION
Patient has been notified of referral ☐ YES ☐ NO

PATIENT FIRST NAME | PATIENT MIDDLE INITIAL | PATIENT LAST NAME | DATE OF BIRTH | GENDER

HOME ADDRESS | CITY | STATE | ZIP

SHIPPING ADDRESS (IF NOT HOME ADDRESS) | CARE OF (IF NOT ADDRESSED TO PATIENT) | CITY | STATE | ZIP

HOME PHONE | MOBILE | ☐ **OK TO TEXT** | **BEST TIME TO CALL**

EMAIL ADDRESS | **PREFERRED LANGUAGE IF NOT ENGLISH**

ALTERNATIVE CONTACT NAME | RELATIONSHIP TO PATIENT | TELEPHONE

2. INSURANCE INFORMATION (PLEASE INCLUDE COPIES OF CARDS)

PHARMACY BENEFITS | SUBSCRIBER ID # | GROUP # | TEL #

PRIMARY MEDICAL INSURANCE | SUBSCRIBER ID # | GROUP # | TEL #

3. HEALTHCARE PROVIDER (HCP) INFORMATION

HCP FIRST NAME | HCP MIDDLE INITIAL | HCP LAST NAME | NPI # | GROUP NPI # (IF APPLICABLE) | STATE LICENSE #

SPECIALTY: ☐ RHEUMATOLOGY ☐ OTHER (PLEASE INDICATE) _____

FACILITY NAME | TELEPHONE | FAX

ADDRESS | CITY | STATE | ZIP

OFFICE CONTACT NAME | CONTACT TELEPHONE | MOBILE NUMBER | EMAIL ADDRESS

PREFERRED METHOD OF COMMUNICATION: ☐ OFFICE PHONE ☐ MOBILE PHONE ☐ FAX ☐ EMAIL ☐ TEXT ☐ NO PREFERENCE PREFERRED CONTACT TIME: _____

4. PRESCRIPTION: ACTHAR® GEL
NDC# 63004-8710-1 5 mL multidose vial containing 80 USP units per mL

4A. PLEASE SELECT FDA-APPROVED RECOMMENDED DOSE OR OTHER DOSE

FDA-APPROVED RECOMMENDED DOSE
☐ 40 UNITS 2 TIMES A WEEK
☐ 80 UNITS 2 TIMES A WEEK

☐ **OTHER DOSE:** _____ ☐ UNITS ☐ mL

SCHEDULE/FREQUENCY: _____

ROUTE OF ADMINISTRATION: ☐ INTRAMUSCULAR ☐ SUBCUTANEOUS

QUANTITY OF 5 mL MULTIDOSE VIALS: _____ **REFILLS:** _____

4B. TAPER INSTRUCTIONS

ADDITIONAL SPECIAL INSTRUCTIONS, TITRATION OR TAPER DOSE, IF APPLICABLE:

☐ SEE ATTACHED TAPER SCHEDULE FOR ADDITIONAL TAPER INSTRUCTIONS

4C. ICD-10 CODE: _____

DIAGNOSIS CODES CAN BE FOUND ON THE BACK OF PAGES OF 1 AND 2 (NOT AN EXHAUSTIVE LIST)

4D. IDENTIFYING SUPPLIES IS MANDATORY FOR A COMPLETE PRESCRIPTION

SYRINGE SIZE:
☐ 1 mL ☐ 3 mL ☐ Other: _____
☐ 1 box of 100 ☐ Other: _____

NEEDLE SIZE FOR DRAWING:
☐ 20 G needle, 1" ☐ Other: _____
☐ 1 box of 100 ☐ Other: _____

NEEDLE SIZE FOR INJECTION:
☐ 23 G needle, 5/8" ☐ 23 G needle, 3/4" ☐ 23 G needle, 1"
☐ 1 box of 100 ☐ Other: _____

SUPPLY REFILLS: _____ **SHARPS CONTAINER:** _____

5. PRESCRIPTION, CONSENT, AND STATEMENT OF MEDICAL NECESSITY: HCP SIGNATURE REQUIRED

ACTHAR INJECTION TRAINING SERVICES

☐ **By checking here, I request that company-funded Acthar Injection Training Services be arranged for my patient. I understand that Acthar Injection Training Services are available for multiple visits but are NOT a home health nursing service. Patients can contact their Nurse Navigator at any time about injection training.**

I certify that Acthar® Gel is medically necessary for this patient and that I have reviewed this therapy with the patient and will be monitoring the patient's treatment. I verify that the patient and healthcare provider information on this enrollment form was completed by me or at my direction and that the information contained herein is complete and accurate to the best of my knowledge. I understand that I must comply with my practicing state's specific prescription requirements, such as e-prescribing, state-specific prescription form, fax language, etc. Noncompliance with state-specific requirements could result in outreach to me by the dispensing pharmacy.

I authorize United BioSource LLC ("UBC"), the current operator of Acthar Patient Support, and other designated operators of the Program to perform a preliminary assessment of benefit verification for this patient and furnish information requested by the patient's insurer that is available on this form. I understand that insurance verification is ultimately the responsibility of the provider and third-party reimbursement is affected by a variety of factors. While UBC tries to provide accurate information, they and Mallinckrodt make no representations or warranties as to the accuracy of the information provided.

I understand that representatives from the Program or UBC may contact me or my patient for additional information relating to this prescription. I acknowledge and agree that the designated Specialty Pharmacy receive this prescription via a designated third party, the Program, and that no additional confirmation of receipt of prescription is required by the designated Specialty Pharmacy.

HCP Prescriber Signature - Please sign only ONE LINE below (please print out and provide a wet signature as not all Specialty Pharmacies accept digital signatures)

▶ _____ **OR** ▶ _____

DISPENSE AS WRITTEN | DATE | SUBSTITUTIONS ALLOWED | DATE

Prescriber signature required for consent and to validate prescriptions. Prescriber attests that this is her/his signature. NO STAMPS. By signing, prescriber certifies that the above is medically necessary.

Please see Important Safety Information on page 4.

RESOURCE PAGE. DO NOT NEED TO FAX BACK.

- ARTHROPATHIC PSORIASIS, UNSPECIFIED **L40.50**
- DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY **L40.51**
- PSORIATIC ARTHRITIS MUTILANS **L40.52**
- PSORIATIC SPONDYLITIS **L40.53**
- PSORIATIC JUVENILE ARTHROPATHY **L40.54**
- OTHER PSORIATIC ARTHROPATHY **L40.59**
- STEVENS-JOHNSON SYNDROME **L51.1**
- TOXIC EPIDERMAL NECROLYSIS [LYELL] **L51.2**
- STEVENS-JOHNSON SYNDROME-TOXIC EPIDERMAL NECROLYSIS OVERLAP SYNDROME **L51.3**
- OTHER ERYTHEMA MULTIFORME **L51.8**
- ERYTHEMA MULTIFORME, UNSPECIFIED **L51.9**
- FELTY'S SYNDROME, UNSPECIFIED SITE **M05.00**
- FELTY'S SYNDROME, MULTIPLE SITES **M05.09**
- RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE **M05.10**
- RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES **M05.19**
- RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE **M05.20**
- RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES **M05.29**
- RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE **M05.30**
- RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES **M05.39**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE **M05.40**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER **M05.411**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER **M05.412**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER **M05.419**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW **M05.421**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW **M05.422**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW **M05.429**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST **M05.431**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT WRIST **M05.432**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST **M05.439**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HAND **M05.441**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HAND **M05.442**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND **M05.449**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HIP **M05.451**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HIP **M05.452**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP **M05.459**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE **M05.461**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT KNEE **M05.462**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE **M05.469**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT **M05.471**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT **M05.472**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT **M05.479**
- RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES **M05.49**
- RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE **M05.50**
- RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES **M05.59**
- RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS **M05.60**
- RHEUMATOID ARTHRITIS OF MULTIPLE SITES WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS **M05.69**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SITE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.70**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.711**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.712**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.719**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.721**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.722**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.729**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.731**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.732**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.739**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.741**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.742**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.749**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.751**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.752**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.759**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.761**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.762**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.769**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.771**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.772**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.779**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT **M05.79**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SITE **M05.80**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT SHOULDER **M05.811**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT SHOULDER **M05.812**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SHOULDER **M05.819**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ELBOW **M05.821**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ELBOW **M05.822**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ELBOW **M05.829**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT WRIST **M05.831**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT WRIST **M05.832**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED WRIST **M05.839**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HAND **M05.841**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HAND **M05.842**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HAND **M05.849**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HIP **M05.851**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HIP **M05.852**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HIP **M05.859**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT KNEE **M05.861**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT KNEE **M05.862**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED KNEE **M05.869**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ANKLE AND FOOT **M05.871**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ANKLE AND FOOT **M05.872**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ANKLE AND FOOT **M05.879**
- OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES **M05.89**
- RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED **M05.9**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SITE **M06.00**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT SHOULDER **M06.011**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT SHOULDER **M06.012**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SHOULDER **M06.019**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT ELBOW **M06.021**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT ELBOW **M06.022**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED ELBOW **M06.029**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT WRIST **M06.031**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT WRIST **M06.032**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED WRIST **M06.039**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND **M06.041**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HAND **M06.042**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED HAND **M06.049**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HIP **M06.051**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HIP **M06.052**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED HIP **M06.059**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT KNEE **M06.061**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT KNEE **M06.062**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED KNEE **M06.069**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT ANKLE AND FOOT **M06.071**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT ANKLE AND FOOT **M06.072**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED ANKLE AND FOOT **M06.079**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, VERTEBRAE **M06.08**
- RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES **M06.09**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED SITE **M06.80**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT SHOULDER **M06.811**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT SHOULDER **M06.812**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER **M06.819**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT ELBOW **M06.821**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT ELBOW **M06.822**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW **M06.829**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT WRIST **M06.831**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT WRIST **M06.832**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST **M06.839**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT HAND **M06.841**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT HAND **M06.842**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED HAND **M06.849**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT HIP **M06.851**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT HIP **M06.852**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED HIP **M06.859**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT KNEE **M06.861**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT KNEE **M06.862**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE **M06.869**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT **M06.871**

RESOURCE PAGE. DO NOT NEED TO FAX BACK.

Patient Name:_____ **Date of Birth:**_____

6. DIAGNOSIS AND MEDICAL INFORMATION

From the relevant diagnosis below, please select how Acthar is being prescribed for use. You may also write in the indication for use in the "OTHER" section.

If diagnosis is psoriatic arthritis, rheumatoid arthritis, including juvenile rheumatoid arthritis, or ankylosing spondylitis, Acthar is being used as (select one below):

- ❑ Adjunctive therapy for short-term administration (to tide the patient over an acute episode or exacerbation)
- ❑ Low-dose maintenance therapy (in selected cases)

If diagnosis is systemic lupus erythematosus or dermatomyositis/polymyositis, Acthar is being used as (select one below):

- ❑ During an exacerbation
  Onset of exacerbation date: _____
- ❑ Maintenance therapy (in selected cases)

❑ OTHER:

ORGAN INVOLVEMENT

- ❑ LUNGS
- ❑ LYMPH NODES
- ❑ SKIN AND TISSUES
- ❑ EYES
- ❑ HEART
- ❑ BRAIN AND NERVOUS SYSTEM
- ❑ BONES, JOINTS, CARTILAGE, LIGAMENTS, TENDONS AND MUSCLES
- ❑ SPLEEN
- ❑ LIVER
- ❑ KIDNEYS AND URINARY TRACT
- ❑ SALIVARY GLANDS
- ❑ SINUSES
- ❑ OTHER:

7. HISTORY OF CORTICOSTEROID USE (IF APPLICABLE) PLEASE ADD DETAILS IN SECTION 9 BELOW.

PLEASE CHECK ALL THAT APPLY:

A corticosteroid **was** tried with the following response(s):

- ❑ Corticosteroid use failed, but same response not expected with Acthar
- ❑ Patient hypersensitive or allergic to corticosteroids
- ❑ Patient intolerant of corticosteroids
- ❑ Other: _____

OR

A corticosteroid **was not** tried due to the following response(s):

- ❑ Corticosteroid use is contraindicated for this patient
- ❑ Intravenous access is not possible for this patient
- ❑ Patient has known intolerance to corticosteroids
- ❑ Other:_____

8. CONCURRENT MEDICATIONS

9. RELEVANT TREATMENT HISTORY (INCLUDING RECENT STEROID HISTORY. ATTACH ADDITIONAL CASE NOTES AS NECESSARY.)

Therapy Name	Dose	Start Date	Stop Date (if applicable)	Explain Outcome With Detail (eg, type of outcome)

OTHER RELEVANT CLINICAL INFORMATION (INCLUDING ALLERGIES)

HCP SIGNATURE: REQUIRED FOR DOCUMENTATION

I verify that the patient and healthcare provider information on this enrollment form was completed by me or at my direction and that the information contained herein is complete and accurate to the best of my knowledge. I certify that my patient has agreed in writing to be contacted by Program administrators or UBC and be furnished with Program or other information or materials.

NAME SIGNATURE DATE

Please see Important Safety Information on page 4.

RHEUMATOLOGY, ***continued***

- OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT **M06.872**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT **M06.879**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, VERTEBRAE **M06.88**
- OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES **M06.89**
- RHEUMATOID ARTHRITIS, UNSPECIFIED **M06.9**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE **M08.00**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT SHOULDER **M08.011**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT SHOULDER **M08.012**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER **M08.019**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT ELBOW **M08.021**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT ELBOW **M08.022**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW **M08.029**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT WRIST **M08.031**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT WRIST **M08.032**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST **M08.039**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT HAND **M08.041**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT HAND **M08.042**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HAND **M08.049**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT HIP **M08.051**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT HIP **M08.052**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HIP **M08.059**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT KNEE **M08.061**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT KNEE **M08.062**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE **M08.069**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT **M08.071**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT **M08.072**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT **M08.079**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, VERTEBRAE **M08.08**
- UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, MULTIPLE SITES **M08.09**
- JUVENILE ANKYLOSING SPONDYLITIS **M08.1**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED SITE **M08.20**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT SHOULDER **M08.211**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT SHOULDER **M08.212**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED SHOULDER **M08.219**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT ELBOW **M08.221**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT ELBOW **M08.222**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED ELBOW **M08.229**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT WRIST **M08.231**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT WRIST **M08.232**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED WRIST **M08.239**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT HAND **M08.241**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT HAND **M08.242**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED HAND **M08.249**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT HIP **M08.251**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT HIP **M08.252**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED HIP **M08.259**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT KNEE **M08.261**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT KNEE **M08.262**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED KNEE **M08.269**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT ANKLE AND FOOT **M08.271**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT ANKLE AND FOOT **M08.272**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED ANKLE AND FOOT **M08.279**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, VERTEBRAE **M08.28**
- JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, MULTIPLE SITES **M08.29**
- JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE) **M08.3**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED SITE **M08.40**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT SHOULDER **M08.411**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT SHOULDER **M08.412**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER **M08.419**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT ELBOW **M08.421**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT ELBOW **M08.422**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW **M08.429**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT WRIST **M08.431**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT WRIST **M08.432**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST **M08.439**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT HAND **M08.441**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT HAND **M08.442**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HAND **M08.449**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT HIP **M08.451**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT HIP **M08.452**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HIP **M08.459**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT KNEE **M08.461**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT KNEE **M08.462**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE **M08.469**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT **M08.471**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT **M08.472**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT **M08.479**
- PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, VERTEBRAE **M08.48**
- SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLVEMENT UNSPECIFIED **M32.10**
- ENDOCARDITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS **M32.11**
- PERICARDITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS **M32.12**
- LUNG INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS **M32.13**
- GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS **M32.14**
- TUBULO-INTERSTITIAL NEPHROPATHY IN SYSTEMIC LUPUS ERYTHEMATOSUS **M32.15**
- OTHER ORGAN OR SYSTEM INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS **M32.19**
- OTHER FORMS OF SYSTEMIC LUPUS ERYTHEMATOSUS **M32.8**
- SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED **M32.9**
- JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED **M33.00**
- JUVENILE DERMATOMYOSITIS WITH RESPIRATORY INVOLVEMENT **M33.01**
- JUVENILE DERMATOMYOSITIS WITH MYOPATHY **M33.02**
- JUVENILE DERMATOMYOSITIS WITH OTHER ORGAN INVOLVEMENT **M33.09**
- OTHER DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED **M33.10**
- OTHER DERMATOMYOSITIS WITH RESPIRATORY INVOLVEMENT **M33.11**
- OTHER DERMATOMYOSITIS WITH MYOPATHY **M33.12**
- OTHER DERMATOMYOSITIS WITHOUT MYOPATHY **M33.13**
- OTHER DERMATOMYOSITIS WITH OTHER ORGAN INVOLVEMENT **M33.19**
- POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED **M33.20**
- POLYMYOSITIS WITH RESPIRATORY INVOLVEMENT **M33.21**
- POLYMYOSITIS WITH MYOPATHY **M33.22**
- POLYMYOSITIS WITH OTHER ORGAN INVOLVEMENT **M33.29**
- DERMATOPOLYMYOSITIS, UNSPECIFIED, ORGAN INVOLVEMENT UNSPECIFIED **M33.90**
- DERMATOPOLYMYOSITIS, UNSPECIFIED WITH RESPIRATORY INVOLVEMENT **M33.91**
- DERMATOPOLYMYOSITIS, UNSPECIFIED WITH MYOPATHY **M33.92**
- DERMATOPOLYMYOSITIS, UNSPECIFIED WITHOUT MYOPATHY **M33.93**
- DERMATOPOLYMYOSITIS, UNSPECIFIED WITH OTHER ORGAN INVOLVEMENT **M33.99**
- DERMATO(POLY)MYOSITIS IN NEOPLASTIC DISEASE **M36.0**
- ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE **M45.0**
- ANKYLOSING SPONDYLITIS OF OCCIPITO-ATLANTO-AXIAL REGION **M45.1**
- ANKYLOSING SPONDYLITIS OF CERVICAL REGION **M45.2**
- ANKYLOSING SPONDYLITIS OF CERVICOTHORACIC REGION **M45.3**
- ANKYLOSING SPONDYLITIS OF THORACIC REGION **M45.4**
- ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION **M45.5**
- ANKYLOSING SPONDYLITIS OF LUMBAR REGION **M45.6**
- ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION **M45.7**
- ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION **M45.8**
- ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE **M45.9**
- OTHER SERUM REACTION DUE TO OTHER SERUM, INITIAL ENCOUNTER **T80.69XA**

For completion by patient or their representative

Patient Name:_____ **Date of Birth:**_____

10. PATIENT AUTHORIZATION(S)

Patient Consent to allow Acthar Patient Support Team to work together with your insurance provider, pharmacy, advocacy organization and others to provide support on your behalf.

By signing this authorization, I authorize my physician(s), my health insurance company and my pharmacy providers (collectively, "Designated Parties") to disclose to Mallinckrodt ARD LLC ("Mallinckrodt"), the distributor of Acthar, and its agents, authorized designees and contractors, including Mallinckrodt reimbursement support personnel and United BioSource LLC ("UBC") or any other operator of Acthar Patient Support on behalf of Mallinckrodt (collectively, "Manufacturer Parties"), health information relating to my medical condition, treatment and insurance coverage (my "Health Information") in order for them to (1) provide certain services to me, including reimbursement and coverage support, patient assistance and access programs, medication shipment tracking, and home injection training, (2) provide me with support services and information associated with my Acthar therapy, (3) serve internal business purposes, such as marketing research, internal financial reporting and operational purposes, and (4) carry out the Manufacturer Parties' respective legal responsibilities.

Once my Health Information has been disclosed to Manufacturer Parties, I understand that it may be redisclosed by them and no longer protected by federal and state privacy laws. However, Manufacturer Parties agree to protect my Health Information by using and disclosing it only for the purposes detailed in this authorization or as permitted or required by law.

I understand that I may refuse to sign this authorization and that my physician and pharmacy will not condition my treatment on my agreement to sign this authorization form, and my health plan or health insurance company will not condition payment for my treatment, insurance enrollment or eligibility for insurance benefits on my agreement to sign this authorization form. I understand that my pharmacies and other Designated Parties may receive payment in connection with the disclosure of my Health Information as provided in this authorization. I understand that I am entitled to receive a copy of this authorization after I sign it.

I may revoke (withdraw) this authorization at any time by mailing a letter to Acthar Patient Support, 680 Century Point, Lake Mary, FL 32746. Revoking this authorization will end further disclosure of my Health Information to Manufacturer Parties by my pharmacy, physicians, and health insurance company when they receive a copy of the revocation, but it will not apply to information they have already disclosed to Manufacturer Parties based on this authorization. I also know I may cancel my enrollment in a patient support program at any time in writing by contacting Mallinckrodt via fax at 1-877-937-2284 or by calling Acthar Patient Support at 1-888-435-2284. This authorization is in effect for 5 years unless a shorter period is provided for by state law or until the conclusion of any ongoing coverage support, whichever is longer, once I have signed it unless I cancel it before then.

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY, INCLUDING DATE

▶

PATIENT NAME OR LEGAL REPRESENTATIVE	PATIENT SIGNATURE	IF LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT	DATE

Patient Consent to receive additional information from Mallinckrodt such as education on your disease and Acthar.

I authorize Mallinckrodt and its partners to use, disclose, and/or transfer the personal information I supply (1) to contact me and provide me with informational and marketing materials and clinical trial opportunities related to my condition or treatment by any means of communication, including but not limited to text, email, mail, or telephone; (2) to help Mallinckrodt improve, develop, and evaluate products, services, materials, and programs related to my condition or treatment; (3) to enroll me in and provide me with Acthar-related programs and services that I may select or refuse at any time; (4) to disclose my enrollment and use of these services to my healthcare providers and insurers; and (5) to use my information that cannot identify me for scientific and market research. This authorization will remain in effect until I cancel it, which I may do at any time in writing by contacting Mallinckrodt via fax at 1-877-937-2284 or by calling Acthar Patient Support at 1-888-435-2284. I may request a copy of this signed authorization.

▶

PATIENT NAME OR LEGAL REPRESENTATIVE	PATIENT SIGNATURE	IF LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT	DATE

If patient is not present to sign the form, send them to

ActharConsent.com

and have them sign electronically.

Acthar Patient Support
TEL: 1-888-435-2284
FAX: 1-877-937-2284

IMPORTANT SAFETY INFORMATION

Contraindications

- Acthar should never be administered intravenously
- Administration of live or live attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of Acthar
- Acthar is contraindicated where congenital infections are suspected in infants
- Acthar is contraindicated in patients with scleroderma, osteoporosis, systemic fungal infections, ocular herpes simplex, recent surgery, history of or the presence of a peptic ulcer, congestive heart failure, uncontrolled hypertension, primary adrenocortical insufficiency, adrenocortical hyperfunction, or sensitivity to proteins of porcine origin

Warnings and Precautions

- The adverse effects of Acthar are related primarily to its steroidogenic effects
- Acthar may increase susceptibility to new infection or reactivation of latent infections
- Suppression of the hypothalamic-pituitary-adrenal (HPA) axis may occur following prolonged therapy with the potential for adrenal insufficiency after withdrawal of the medication. Adrenal insufficiency may be minimized by tapering of the dose when discontinuing treatment. During recovery of the adrenal gland patients should be protected from the stress (e.g. trauma or surgery) by the use of corticosteroids. Monitor patients for effects of HPA suppression after stopping treatment
- Cushing's syndrome may occur during therapy but generally resolves after therapy is stopped. Monitor patients for signs and symptoms
- Acthar can cause elevation of blood pressure, salt and water retention, and hypokalemia. Blood pressure, sodium, and potassium levels may need to be monitored
- Acthar often acts by masking symptoms of other diseases/disorders. Monitor patients carefully during and for a period following discontinuation of therapy
- Acthar can cause GI bleeding and gastric ulcer. There is also an increased risk for perforation in patients with certain gastrointestinal disorders. Monitor for signs of bleeding
- Acthar may be associated with central nervous system effects ranging from euphoria, insomnia, irritability, mood swings, personality changes, and severe depression to psychosis. Existing conditions may be aggravated
- Patients with comorbid disease may have that disease worsened. Caution should be used when prescribing Acthar in patients with diabetes and myasthenia gravis
- Prolonged use of Acthar may produce cataracts, glaucoma, and secondary ocular infections. Monitor for signs and symptoms
- Acthar is immunogenic and prolonged administration of Acthar may increase the risk of hypersensitivity reactions. Neutralizing antibodies with chronic administration may lead to loss of endogenous ACTH activity
- There is an enhanced effect in patients with hypothyroidism and in those with cirrhosis of the liver
- Long-term use may have negative effects on growth and physical development in children. Monitor pediatric patients
- Decrease in bone density may occur. Bone density should be monitored for patients on long-term therapy
- Pregnancy Class C: Acthar has been shown to have an embryocidal effect and should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus

Adverse Reactions

- Common adverse reactions for Acthar are similar to those of corticosteroids and include fluid retention, alteration in glucose tolerance, elevation in blood pressure, behavioral and mood changes, increased appetite, and weight gain
- Specific adverse reactions reported in IS clinical trials in infants and children under 2 years of age included: infection, hypertension, irritability, Cushingoid symptoms, constipation, diarrhea, vomiting, pyrexia, weight gain, increased appetite, decreased appetite, nasal congestion, acne, rash, and cardiac hypertrophy. Convulsions were also reported, but these may actually be occurring because some IS patients progress to other forms of seizures and IS sometimes masks other seizures, which become visible once the clinical spasms from IS resolve

INDICATIONS AND USAGE

Acthar® Gel (repository corticotropin injection) is indicated for:

- Inducing a diuresis or a remission of proteinuria in nephrotic syndrome without uremia of the idiopathic type or that due to lupus erythematosus
- Monotherapy for the treatment of infantile spasms in infants and children under 2 years of age
- The treatment of acute exacerbations of multiple sclerosis in adults. Controlled clinical trials have shown Acthar Gel to be effective in speeding the resolution of acute exacerbations of multiple sclerosis. However, there is no evidence that it affects the ultimate outcome or natural history of the disease
- Treatment of severe acute and chronic allergic and inflammatory processes involving the eye and its adnexa such as: keratitis, iritis, iridocyclitis, diffuse posterior uveitis and choroiditis, optic neuritis, chorioretinitis, anterior segment inflammation
- The treatment of symptomatic sarcoidosis
- Treatment during an exacerbation or as maintenance therapy in selected cases of systemic lupus erythematosus
- Treatment during an exacerbation or as maintenance therapy in selected cases of dermatomyositis (polymyositis)
- Adjunctive therapy for short-term administration (to tide the patient over an acute episode or exacerbation) in: psoriatic arthritis; rheumatoid arthritis, including juvenile rheumatoid arthritis (selected cases may require low-dose maintenance therapy); ankylosing spondylitis

Other adverse events reported are included in the full Prescribing Information.

Please see full Prescribing Information for additional Important Safety Information.

Mallinckrodt Pharmaceuticals