

**Patient Information:** Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  M  F  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Care Giver: \_\_\_\_\_ Allergies:  No Known  See Attached Charts  
**Prescriber Information:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Office Contact: \_\_\_\_\_

**Statement of Medical Necessity (Please Attach All Medical Documentation)**

**Date of Diagnosis:** \_\_\_\_\_ **ICD-10:** \_\_\_\_\_ **Other:** \_\_\_\_\_ **TB Test:**  Positive  Negative **Date:** \_\_\_\_\_

Patient also taking Methotrexate?  Yes  No  
 Serious or active infection present?  Yes  No  
 Hep B ruled out or treatment started?  Yes  No  
 Does patient have latex allergy?  Yes  No  
**LFT:** AST: \_\_\_\_\_ ALT: \_\_\_\_\_ **Date:** \_\_\_\_\_

**Injection Training:**  Pharmacist to Provide Training  
 Patient Trained in MD Office  Manufacturer Nurse Support  
**Product Delivery:**  Patient's Home  Physician's Office  
 Pharmacy to Coordinate

Prior Failed Treatments	Drug Name and Length of Treatment
<input type="radio"/> Azulfidine	
<input type="radio"/> Biologics	
<input type="radio"/> Calcipotriene	
<input type="radio"/> Celebrex	
<input type="radio"/> Corticosteroids	
<input type="radio"/> Indocin	
<input type="radio"/> Methotrexate	
<input type="radio"/> Other	

**Prescription Information**

Medication	Dosage & Strength	Directions	Qty	Refills
<input type="radio"/> Actemra	<input type="radio"/> 162mg/0.9ml Prefilled Syringe <input type="radio"/> 162mg/0.9ml Prefilled Autoinjector	<input type="radio"/> <220lb: Inject 162mg SC every other week, followed by an increase to every week based on clinical response <input type="radio"/> >220lb: Inject 162mg SC every week		
<input type="radio"/> Cimzia	<input type="radio"/> Prefilled Syringe Starter Kit <input type="radio"/> 200mg/ml Prefilled Syringe <input type="radio"/> 200mg Lyophilized Powder Vial	<input type="radio"/> Induction Dose: Inject 400mg SC on day 1, 14, and 28 <input type="radio"/> Maintenance: Inject 400mg SC every 4 weeks <input type="radio"/> Maintenance: Inject 200mg SC every other week	6 2	0
<input type="radio"/> Colcigel	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/> Cosentyx	<input type="radio"/> 150mg/ml Sensoready Pen <input type="radio"/> 150mg/ml Prefilled Syringe <input type="radio"/> 150mg/ml Lyophilized Powder Vial	<input type="radio"/> Induction Dose: Inject 150mg SC at weeks 0, 1, 2, 3, 4 <input type="radio"/> Induction Dose: Inject 300mg SC at weeks 0, 1, 2, 3, 4 <input type="radio"/> Maintenance: Inject 150mg SC every 4 weeks <input type="radio"/> Maintenance: Inject 300mg SC every 4 weeks	5 10 1 2	0 0
<input type="radio"/> Enbrel	<input type="radio"/> 50mg/ml SureClick Autoinjector <input type="radio"/> 50mg/ml Enbrel Mini Prefilled Cartridge <i>For Enbrel Mini Only: AutoTouch Autoinjector</i> <input type="radio"/> 50mg/ml Prefilled Syringe <input type="radio"/> 25mg/0.5ml Prefilled Syringe <input type="radio"/> 25mg/ml Vial	<input type="radio"/> Inject 50mg SC once a week		
<input type="radio"/> Humira	<input type="radio"/> 40mg/0.4ml Pen <input type="radio"/> 40mg/0.4ml Prefilled Syringe	<input type="radio"/> Inject 40mg SC every other week <input type="radio"/> Patient has signed Humira Complete Form <i>All strengths and dosages are Humira Citrate Free</i>		
<input type="radio"/> Kevzara	<input type="radio"/> 150mg/1.14ml Prefilled Syringe <input type="radio"/> 150mg/1.14ml Prefilled Pen <input type="radio"/> 200mg/1.14ml Prefilled Syringe <input type="radio"/> 200mg/1.14ml Prefilled Pen	<input type="radio"/> Inject 150mg SC every two weeks <input type="radio"/> Inject 200mg SC every two weeks	2 2	
<input type="radio"/> Lumiant	<input type="radio"/> 2mg Tablet <input type="radio"/> 1mg Tablet	<input type="radio"/> Take one 2mg tablet by mouth with or without food daily <input type="radio"/> Moderate renal impairment: Take one 1mg tablet by mouth with or without food daily	30 30	
<input type="radio"/> Orencia	<input type="radio"/> 125mg/ml Prefilled Syringe <input type="radio"/> 125mg/ml Clickject™ Autoinjector <input type="radio"/> 250mg Lyophilized Powder Vial	<b>Induction Dose:</b> <input type="radio"/> <60kg: 500mg administered IV, then inject 125mg SC within 24h <input type="radio"/> 60-100kg: 750mg administered IV, then inject 125mg SC within 24h <input type="radio"/> >100kg: 1,000mg administered IV, then inject 125mg SC within 24h <input type="radio"/> Inject 125mg SC once a week		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

**Prescriber Signature** (I authorize pharmacy to act as my designee for initiating and coordinating insurance prior authorizations, nursing services and patient assistance programs)

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Substitution Permitted** **Dispense as Written**

Prior authorization approval and insurance benefits will be determined by the payor based upon the patient's eligibility, medical necessity, and the terms of the patient's coverage, among other things. Participation in this program is not a guarantee of prior authorization or of payment.

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<input type="radio"/> Celebrex	
<input type="radio"/> Corticosteroids	
<input type="radio"/> Indocin	
<input type="radio"/> Methotrexate	
<input type="radio"/> Other	

**Prescription Information:**

Medication	Dosage & Strength	Directions	Qty	Ref		
<input type="radio"/> Otezla	<input type="radio"/> Two-Week Starter Pack (Titration) <input type="radio"/> 28-Day Starter Pack (Titration) <input type="radio"/> 30mg Tablets	<input type="radio"/> <b>Starter Pack:</b> Take one tab in the morning on Day 1, then take one tab in the morning and one tab in the evening as directed per pack	1			
		<input type="radio"/> <b>Maintenance:</b> Take one 30mg Tablet by mouth twice daily <i>For patients with severe renal impairment take one 30mg tablet once daily and skip afternoon doses in starter pack.</i>	60			
<input type="radio"/> Rasuvo	<input type="radio"/>	<input type="radio"/>				
<input type="radio"/> Rinvoq	<input type="radio"/> 15mg Extended Release Tablets	<input type="radio"/> Take one 15mg Tablet once a day	30			
<input type="radio"/> Simponi	<input type="radio"/> 50mg/0.5ml Smartject Autoinjector <input type="radio"/> 50mg/0.5ml Prefilled Syringe	<input type="radio"/> Inject 50mg SC once a month	1			
<input type="radio"/> Stelara (for PsA)	<input type="radio"/> 45mg/0.5ml Prefilled Syringe <input type="radio"/> 45mg/0.5ml Vial <input type="radio"/> 90mg/1ml Prefilled Syringe <input type="radio"/> <b>Stelara self-injection:</b> <i>Healthcare provider certifies that patient has been trained and is eligible for self-injection</i>	<input type="radio"/> <b>Induction Dose:</b> Inject 45mg SC on day one	1			
		<input type="radio"/> <b>Maintenance:</b> Inject 45mg SC on day 29, and every 12 wks thereafter	1			
		<input type="radio"/> <b>PsA with Coexistent Moderate to Severe Plaque Psoriasis (&gt;220lb)</b> <input type="radio"/> <b>Induction Dose:</b> Inject 90mg SC on day 1	1			
		<input type="radio"/> <b>Maintenance:</b> Inject 90mg SC on day 29, and every 12 wks thereafter	1			
<input type="radio"/> Taltz	<input type="radio"/> 80mg/ml Single-Dose Prefilled Autoinjector <input type="radio"/> 80mg/ml Single-Dose Prefilled Syringe	<b>Ankylosing Spondylitis</b> <input type="radio"/> <b>Induction Dose:</b> Inject 160mg SC (two 80mg injections) at week 0	2	0		
		<input type="radio"/> <b>Maintenance:</b> Inject 80mg SC every 4 weeks	1			
		<b>Non-Radiographic Axial Spondyloarthritis</b> <input type="radio"/> Inject 80mg SC every 4 weeks	1			
		<b>Psoriatic Arthritis:</b> <input type="radio"/> <b>Induction Dose:</b> Inject 160mg SC (two 80mg injections) at week 0	2	0		
		<input type="radio"/> <b>Maintenance:</b> Inject 80mg SC every 4 weeks	1			
		<b>PsA with Coexistent Moderate to Severe Plaque Psoriasis</b> <input type="radio"/> <b>Weeks 0-2:</b> Inject 160mg SC (two 80mg injections) at week 0, then inject 80mg at week 2	3	0		
		<input type="radio"/> <b>Weeks 4-10:</b> Inject 80mg SC at week 4 and every 2 weeks thereafter through week 10	2	1		
		<input type="radio"/> <b>Weeks 12 &amp; Onward:</b> Inject 80mg SC at week 12 and every 4 weeks thereafter	1			
		<input type="radio"/> Tremfya	<input type="radio"/> 100mg/ml Prefilled Syringe <input type="radio"/> 100mg/ml One-Press Patient Controlled Injector	<input type="radio"/> <b>Induction Dose:</b> Inject 100mg SC at weeks 0 and 4	2	0
				<input type="radio"/> <b>Maintenance:</b> Inject 100mg SC every 8 weeks thereafter	1	
<input type="radio"/> Xeljanz <input type="radio"/> Xeljanz XR	<input type="radio"/> 5mg Tablet <input type="radio"/> 11mg Tablet	<input type="radio"/> Take one 5mg tablet by mouth twice a day	60			
		<input type="radio"/> Take on 11mg tablet by mouth once a day <b>*For patients with moderate renal or hepatic impairment take one 5mg tablet once daily*</b>	30			

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