


1 Patient Information

Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical).

 Patient Name: _____ Birthdate: _____ Sex: Male Female Height: _____ Weight: _____ lbs. kg.
 Allergies: _____ Patient Primary Language: English Spanish Other: _____ Hearing Impaired
 Patient Phone: _____ Patient Email: _____ Caregiver Name: _____
 Patient Address: _____ City: _____ State: _____ Zip: _____


2 Diagnosis/Clinical Information

Please FAX Clinical Notes, Labs, & Tests with the prescription to expedite Prior Authorization.

Diagnosis/ICD-10: _____ Diagnosis Date: _____ Other: _____

TB Test: Positive Negative Date: _____

 LFT: _____
 ALT: _____
 AST: _____
 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

Prior Failed Treatments: Must be completed for all patients.

Treatment Type:	Drug Name:	Dates of Use:
Azulfidine®	Indocin®	_____
Biologics	Methotrexate	_____
Calcipotriene	Other(s):	_____
Celebrex®	_____	_____
Corticosteroids	_____	_____


3 Prescription Information

Please be sure to choose both induction and maintenance dose where applicable.

Medication	Dose/Strength	Direction	Qty.	Refills
HUMIRA® Patient has signed HUMIRA® Complete form	40mg/0.4ml Pen (Citrate-Free)	Inject 40mg SQ every other week. Other: _____	2	_____
	40mg/0.4ml Prefilled Syringe (Citrate-Free)	Inject 40mg SQ once a week. Other: _____	_____	_____
KEVZARA®	200mg/1.14ml Prefilled Syringe 150mg/1.14ml Prefilled Syringe	Inject 200mg SQ every two weeks. Reduced Dose: Inject 150mg SQ every two weeks. Other: _____	2	_____
OLUMIANT®	2mg Tablet	Take one 2mg tablet by mouth once a day with or without food. Other: _____	30	_____
ORENCIA®	125mg/ml ClickJect™ Autoinjector 125mg/ml Prefilled Syringe 250mg Lyophilized Powder Vial	Induction: Patient Weight < 60 kgs: 500mg; 60 kgs-100 kgs: 750mg; > 100 kgs: 1000mg administered IV, then inject 125 mg SQ within 24 hours. Other: _____	_____	_____
		Inject 125mg SQ once a week. Other: _____	_____	_____
OTEZLA® <small>*Only indicated for the treatment of psoriatic arthritis</small>	Prescriber provided patient with Otezla® 2 week Starter Pack Sample. Date Provided: _____		0	0
	Starter Pack (Tritration)	Starter Pack: Take one tablet by mouth in the morning on day 1, then take one tablet in the morning and one tablet in the evening as directed on the starter pack. Other: _____	55	_____
	30mg Tablets	Maintenance: Take one 30mg tablet by mouth twice daily. Other: _____	60	_____
	Bridge Rx—30mg of Otezla® (commercial insurance only)	Bridge: Take one 30mg tablet by mouth: Twice daily (x14 days, 28 tablets, 12 refills) Once daily (x28 days, 28 tablets, 6 refills) Other: _____	_____	_____
OTREXUP®	10mg/0.4ml Autoinjector 12.5mg/0.4ml Autoinjector 15mg/0.4ml Autoinjector 17.5mg/0.4ml Autoinjector 20mg/0.4ml Autoinjector 22.5mg/0.4ml Autoinjector 25mg/0.4ml Autoinjector	Inject SQ every week. Other: _____	4	_____


4 Provider/Prescriber Information

 Clinic Name: _____ Provider Name: _____
 Provider Phone: _____ Provider Fax: _____ DEA#: _____ NPI#: _____
 Provider Address: _____ City: _____ State: _____ Zip: _____


Prescriber Signature: Prescriber, please sign and date below (**NO stamps please**):

Dispense as Written: _____ Date: _____ Substitution Permissible: _____ Date: _____

I authorize Sterling Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance Prior Authorization process, nursing services, and patient assistance programs.
 IMPORTANT NOTICE: This fax is intended to be delivered to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately. Pursuant to VA/DH/MO/VT law, only 1 medication is permitted per order form. Please use a new form for additional items.