

Patient Information				Prescriber Information	
Patient Name:		DOB:		Prescriber's Name:	
Address:				NPI#:	
City:	State:	Zip:		DEA#:	License#:
Phone:		Alternate Phone:		SSN:	
Height:	Weight:	Allergies:		Phone:	Fax:
Emergency Contact:			Phone:		Contact Person:
Is the patient pregnant, planning a pregnancy or nursing:				Yes	No
				Does the patient need interpreter services:	
				Yes	No

Documentation (Required)

Insurance Card (front and back) Current Medications History/Progress Notes

Specific Labs Needed (note: send ALL labs, must include specific labs listed here)

Other: _____

Client Consideration

Diagnosis: M06.9 Rheumatoid Arthritis L40.59 Psoriatic Arthritis M81.0 Osteoporosis M45.9 Ankylosing Spondylitis K50.00 Crohn's Disease

Other: _____

Medication			Qty	Refills
ACTEMRA®	162mg/0.9ml Prefilled Syringe	Inject 1 syringe SC Every Week Every Other Week		
CIMZIA® STARTER DOSE CIMZIA® MAINTENANCE	200mg Starter Kit (contains 6, 200mg PFS) 2 x 200mg Prefilled Syringe	Starter: Inject 400mg SC once, then repeat at weeks 2 and 4 Maintenance: 200mg SC ONCE every TWO weeks 400mg SC ONCE every FOUR weeks		
COSENTYX® STARTER DOSE COSENTYX® MAINTENANCE	150 mg/ml Sensoready Pen 150 mg/ml Pre-filled Syringe	Starter: Inject 150mg SQ on week 0, 1, 2, 3, and 4 (Quantity: 5) Maintenance: Inject 150mg SQ every 4 weeks Starter: Inject 300 mg SQ on week 0, 1, 2, 3, and 4 (Quantity: 10) Maintenance: Inject 300mg SQ every 4 weeks		
ENBREL®	50mg/ml SureClick™ Autoinjector 50mg/ml Prefilled Syringe 25mg/0.5ml Prefilled Syringe	Inject 50mg SC ONCE a week Inject 25mg TWICE a week, 72 to 96 hours apart Other: _____		
FORTEO®	600mcg/2.4ml PFS	Inject 20mcg SC, as directed, once daily		
HUMIRA®	40mg/0.8ml Pen 40mg/0.8ml Prefilled Syringe	Inject 40mg SC every OTHER week Inject 40mg SC ONCE a week		
METHOTREXATE®	2.5mg Tablets 25mg/ml Injectable Solution	Take ____ tablet(s) by mouth every week Inject ____ml SQ every 7 days at the same time each week		
ORENCIA®	125mg/ml Prefilled Syringe (4 syringes)	Inject 125mg SC ONCE Weekly		

Medication		Qty	Refills
OTEZLA®	Starter Pack (Titration) Rx for Otezla Maintenance Rx – 30 mg of Otezla Bridge Rx – 30 mg of Otezla	x28 days (55 tablets) x14 days 27 tablets Twice Daily Once Daily (pts. with severe renal impairment) Twice Daily Once Daily (pts. with severe renal impairment)	x30 x90 x14 x28
OTREXUP®	10mg Auto Injector 17.5mg Auto Injector 12.5mg Auto Injector 20mg Auto Injector 15mg Auto Injector 22.5mg Auto Injector 25mg Auto Injector	Inject _____ ml SQ every week	
RASUVO®	7.5mg Auto Injector 10mg Auto Injector 12.5mg Auto Injector 15mg Auto Injector 17.5mg Auto Injector 20mg Auto Injector 22.5mg Auto Injector 25mg Auto Injector 27.5mg Auto Injector 30mg Auto Injector	Inject _____ ml SQ every week	
SIMPONI®	50 mg/0.5ml Prefilled Syringe 50mg/0.5ml Autoinjector	Inject 50mg ONCE a month Inject 50mg ONCE a month	
STELARA®	45mg/0.5ml prefilled Syringe 90mg/0.9ml prefilled Syringe 45mg/0.5ml Single-dose Vial	Starter Dose: Inject 45mg SQ on Day 0 and Day 28 Maintenance: Inject 45mg SQ every 12 weeks Starter Dose: Inject 90mg SQ on Day 0 and Day 28 Maintenance: Inject 90mg SQ every 12 weeks	
XELJANZ®	5 mg 11mg (Extended Release Tablets)	Take 1 tablet by mouth TWICE daily	
RINVOQ®	15 mg	Take one tablet by mouth daily	

By signing this form I authorize AleraCare and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so release clinical information via phone to the appropriate third party payer.

Prescriber's Signature

Date