



PATIENT INFORMATION:

Patient Name: _____
Date of Birth: _____ Male: Female:
Address: _____
City/State/Zip: _____
Tel: _____ Alt Tel: _____
SS#: _____ Wt: _____ Ht: _____
NKDA: Allergy: _____
Emergency Contact: _____

INSURANCE INFORMATION:

Primary Pharmacy Insurance _____
Member Name: _____
Member ID: _____
Rx Group #: _____
BIN# _____ PCN# _____
Customer Service #: _____

*Please attach a copy of the front and back of the patient's insurance card, if available.******

DIAGNOSIS AND CLINICAL INFORMATION:

Diagnosis: M06.9 Rheumatoid Arthritis M45.9 Ankylosing Spondylitis M32.10 Systemic Lupus Erythematosus K50.00 Crohn's Disease
 L40.50 Psoriatic Arthritis Other: _____
Prior Med Failed: methotrexate Length of Treatment: _____ Reason for D/C: _____
 Length of Treatment: _____ Reason for D/C: _____
 Length of Treatment: _____ Reason for D/C: _____
Forteo T-score: _____ Type: _____ Date: _____ Site _____
Fractured: _____ Date: _____ Forteo® Home Health Training Required
TB/PPD test: Pos Neg Date Read: _____ Humira® or Enbrel® Home Health Training Required

PRESCRIBER INFORMATION:

Prescriber Name: _____ Specialty: _____ Date: _____
Address: _____ City/State/Zip: _____
Contact Name: _____ Phone #: _____ Fax #: _____
NPI#: _____ DEA #: _____ UPIN #: _____

By signing this form and using our services, you are authorizing FOSRX/FAST to serve as your prior authorization designated agent in dealing with prescription and medical insurance companies.
Prescriber Signature Below: (Physician attests this is his/her legal signature. **NO STAMPS**)

Substitution Allowed

Dispense as Written

PRESCRIPTION:

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
<input type="checkbox"/> Actemra®	<input type="checkbox"/> 162mg PFS	<input type="checkbox"/> Inject 162mg every other week (under 100kg) <input type="checkbox"/> Inject 162mg every week (over 100kg)	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Benlysta®	<input type="checkbox"/> 120mg/vial <input type="checkbox"/> 400mg/vial	<input type="checkbox"/> LOADING DOSE: Infuse _____ mg at weeks 0,2 and 4 <input type="checkbox"/> Maintenance dose: Infuse _____ mg every 4 weeks	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Cimzia®	<input type="checkbox"/> 200MG X2 PFS	<input type="checkbox"/> Inject 400mg SC at weeks 0, 2, and 4 <input type="checkbox"/> Inject 400mg once monthly <input type="checkbox"/> Inject 200mg every other week	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Cosentyx®	<input type="checkbox"/> 300mg (2x150) Pen <input type="checkbox"/> PFS <input type="checkbox"/> 150mg Pen <input type="checkbox"/> PFS	<input type="checkbox"/> Load: Inject 300mg or 150mg SubQ week 0,1,2,3,4 <input type="checkbox"/> Maintenance: Inject 300mg or 150mg SubQ every 4 weeks <input type="checkbox"/> Free Drug Load: Inject 300mg or 150mg SubQ week 0,1,2,3,4* <input type="checkbox"/> Free Drug Maintenance: Inject 300mg or 150mg SubQ every 4 weeks*	5 week supply 4 week supply 5 week supply 4 week supply	none _____ none _____
<input type="checkbox"/> Enbrel®	<input type="checkbox"/> 50mg Sureclick <input type="checkbox"/> 50mg PFS <input type="checkbox"/> 25mg Vials <input type="checkbox"/> 25mg PFS <input type="checkbox"/> Mini™ with Autotouch™	<input type="checkbox"/> Inject 50mg once weekly <input type="checkbox"/> Inject 50mg twice weekly <input type="checkbox"/> Inject 25mg once weekly <input type="checkbox"/> Inject 25mg twice weekly	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Forteo®	<input type="checkbox"/> 750µg/3ml pen and supplies	<input type="checkbox"/> Inject 20 µg SubQ once daily	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Humira®	<input type="checkbox"/> 40mg Pen <input type="checkbox"/> 40mg PFS	<input type="checkbox"/> Inject 40mg SubQ once a week <input type="checkbox"/> Inject 40mg SubQ every other week	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Kevzara®	<input type="checkbox"/> 150mg PFS <input type="checkbox"/> 200mg PFS	<input type="checkbox"/> Inject one PFS SubQ every 2 weeks	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Methotrexate	<input type="checkbox"/> 2.5mg tab <input type="checkbox"/> 25mg/ml vial	<input type="checkbox"/> Take _____ mg by mouth once weekly <input type="checkbox"/> Inject _____ mg SubQ once weekly	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Orencia®	<input type="checkbox"/> 125mg PFS <input type="checkbox"/> 250mg Vial	<input type="checkbox"/> Inject 125mg once weekly <input type="checkbox"/> Inject _____ mg once monthly	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Otezla®	<input type="checkbox"/> 30mg <input type="checkbox"/> Starter Pack	<input type="checkbox"/> Take 1 tablet by mouth twice daily <input type="checkbox"/> Take as per package instructions	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Otrexup®	<input type="checkbox"/> _____ mg/0.4ml	<input type="checkbox"/> Inject _____ mg once weekly	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Rasuvo®	<input type="checkbox"/> _____ mg	<input type="checkbox"/> Inject _____ mg once weekly	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Simponi®	<input type="checkbox"/> 50mg Smartject <input type="checkbox"/> 50mg PFS	<input type="checkbox"/> Inject 50mg SubQ once monthly	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Stelara®	<input type="checkbox"/> 45mg PFS <input type="checkbox"/> 90mg PFS	<input type="checkbox"/> Inject 45mg day 1 and week 4, then inject 45 every 12 weeks <input type="checkbox"/> Inject 90mg day 1 and week, then inject 90mg every 12 weeks	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Xeljanz®	<input type="checkbox"/> 5mg tablet <input type="checkbox"/> XR 11mg tablet	<input type="checkbox"/> Take 1 tablet by mouth twice daily <input type="checkbox"/> Take 1 tablet by mouth once daily	<input type="checkbox"/> 1 month supply	_____
<input type="checkbox"/> Other	_____	_____	_____	_____