**Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy.

AccuSERV PHARMACY

RHEUMATOLOGY REFERRAL FORM

Single Point of Contact: 724-515-7053 Pharmacy 866-213-9821

FAX: 877-526-8823

Start Date

Ship To: ☐ Patient ☐ Office ☐ Other

1. Patient Information:

Please fax front and back copy of the insurance card (Prescription and Medical)

Patient: _____ Male / Female DOB: _____ Soc. Sec. #_____
First Name Last Name

Address: _____
Street City State Zip

Primary phone number: _____ Alternate phone number: _____

Caregiver: _____ Allergies: _____

Comorbidities: _____ Height: _____ Weight: _____

2. Clinical Information:

Please fax recent clinical notes, Labs, Tests, with prescription to expedite the prior authorization

ICD-10/ Diagnosis Code: ☐ M06.9 (Reumatoid Arthritis) ☐ M08.0 (Juvenille Idiopathic Arthritis) ☐ L40.59 (Psoriatic Arthritis) ☐ L40.54 (Psoriatic Juvenille Arthritis) ☐ M45.9 (Ankylosing Spondylitis) ☐ Other:_____

Date of negative TB test:_____ **Any prior treatment:** ☐ NO ☐ YES (provide information below) **Allergies:** ☐ NKDA ☐ Other:_____

Prior Therapy	Reason for Discontinuation of Therapy	Approximate Start Date	Approximate End Date

3. Prescription Information:

If you need a medication not listed please contact us

Medication	Strength	Directions	Quantity	Refills
☐ Actenra®	☐ 162mg/0.9 mL PFS	☐ 162mg Sub-Q every other week ☐ 162mg Sub-Q once a week	☐ 2 PFS ☐ 4 PFS	
☐ Cimzia®	Starter Dose; ☐ Starter Kit (200mg PFS) ☐ 200mg Lyophilized Vial	☐ 400mg Sub-Q at weeks 0,2, and 4	☐ 1Kit=6x200 mg/mL PFS ☐ 3 Cartons =2x200mg Lyophilized Vials	
	Maintenance Dose; ☐ 200mg/mL PFS ☐ 200mg Lyophilized Vial	☐ 400mg Sub-Q every 4 weeks ☐ 200mg Sub-Q every 2 weeks	☐ 1 Carton=2x200mg/mL PFS ☐ 1 Carton=2x200mg Lyophilized Vials	
☐ Enbrel®	☐ 50mg/mL Sureclick® ☐ 50mg/mL PFS ☐ 25mg/.0.5mL PFS	☐ Inject 50mg Sub-Q once a week(≥63 kg) ☐ Other: _____	☐ 1 Carton =4 SureClicks® ☐ 1 Carton=4 PFS	
☐ Humira®	☐ 40mg/0.8 mL Pen ☐ 40mg/0.8 mL PFS	☐ Inject 40mg Sub-Q every other week ☐ Inject 40mg Sub-Q once a week ☐ Other:	☐ 1 Carton=2 x 40mg devices ☐ 2 Carton= 4 x 40mg devices ☐ Other:	
☐ Orencia®	☐ 250mg Vial (IV use only) ☐ 125mg/mL PFS	☐ Other_____ ☐ 125mg Sub-Q once a week	☐ Vials_____ ☐ 4 Syringes	
☐ Otezla®	Starter Dose; ☐ 4 week starter pack	☐ Day 1: 10mg AM; Day2: 10mg AM. 10mg PM. Day3: 10mg AM 20mg PM: Day4: 20mg AM, 20mg PM: Day5 20mg AM, 30mg PM: Day6 and thereafter 30mg twice daily(as indicated on starter pack packaging)	☐ 1 four week starter pack	
	Maintenance Dose; ☐ 30mg tablet	☐ 30mg twice daily ☐ other:_____	☐ 60 tablets ☐ Other	
☐ Simponi®	☐ 50mg/0.5mL SmartJect® ☐ 50mg/0.5 mL PFS	☐ Inject 1 dose (50mg) Sub-Q once monthly	☐ 1 x 50 mg device	
☐ Simponi® Aria ™	Starter Dose; ☐ 50mg (4mL) vial(s)	☐ 2mg/kg IV infusion over 30 minutes at Week 0	☐ _____Vial(s)	
	Maintenance Dose: ☐ 50mg (4mL) vial (s)	☐ 2mg/kg IV infusion over 30 minutes at Week 4 and every 8 weeks thereafter	☐ _____Vial(s)	
☐ Stelara®	☐ 45mg/0.5Ml PFS ☐ 90mg/1 mL PFS	Initiation Dose: ☐ Inject 1 PFS Sub-Q Day 1	☐ 1 PFS	
		Maintenance Dose: ☐ Inject the contents of 1 PFS Sub-Q starting Day 29 & every 12 weeks thereafter	☐ 1 PFS	
☐ Xeljanz®	☐ 5mg tablet	☐ Take 1 tablet by mouth twice daily	☐ 60 tablets ☐ Other	

4. Prescriber and Shipping Information

Prescriber (print):_____ Office Contact: _____

Preferred method of contact: ☐ phone ☐ fax ☐ email **preferred contact persons email:**_____

Office Address:_____

Phone:_____ **fax:**_____ **NPI:**_____ **DEA:**_____

Prescriber's Signature: _____ **Date:**_____

I authorizeAccuServ Pharmacy and its representative to act as an agent to initiate and execute the insurance prior authorization process. **(NO STAMPS)**

5. Patient Support Programs (optional):

Please sign below to enroll in the pharmaceutical company assisted patient support program

Patient Signature:_____ **Date:**_____

6. Insurance Information:

Please fax a copy of the insurance card (front & back)

 Please fax completed form to AccuServ Pharmacy at 877-526-8823. Visit us at WWW.ACCUSERVPHARMACY.COM for online fillable forms.