

Patient Information - Please send demographic sheet and a copy of the patient's insurance cards

Patient Name:	Date of Birth:	Male	Female
Address:	City:	State:	Zip:
Mobile Phone:	Home Phone:	Language:	
Allergies (Required):	NKDA	Height:	Weight:
Medication Delivery Options:	Patient's Home	Hospital/Clinic Office	Bedside
Delivery Address:			

Prescriber Information

Practice Name:	Office Contact:		
Prescriber:	NPI:	DEA:	
Practice Address:	City:	State:	Zip:
Phone Number:	Fax Number:		

Clinical Information - Please send all available chart notes including lab results

ICD-10:	Reason for Discontinuation:		
TB/PPD Test (please send documentation):	Yes No	Does patient have Hepatitis B?	Yes No

Therapies tried and failed with length of treatments:

Medication Name	Strength	Dose/Frequency
Actemra	162 mg PFS	Inject 162 mg SC once weekly (> 100 kg) Inject 162 mg SC once every other week (< 100 kg)
Cimzia (1 Starter Pack)	200 mg PFS	Initial dose: Inject 400 mg SC at weeks 0, 2 and 4
Cimzia (1 kit)	200 mg PFS	Maintenance dose: Inject 400 mg SC once every 4 weeks Inject 200 mg SC once every 2 weeks
Cosentyx (5 PFS/Pens)	150 mg/ml Sensoready Pen PFS	With loading dose: Inject 150 mg SC at weeks 0, 1, 2, 3, 4 then every 4 weeks thereafter
Cosentyx (1 PFS)	150 mg/ml Sensoready Pen PFS	Without loading dose: Inject 150 mg SC every 4 weeks
Enbrel (4 PFS)	25 mg PFS	Inject 25 mg SC once weekly
Enbrel (4 PFS)	50 mg PFS	Inject 50 mg SC once weekly
Enbrel (4 PFS)	50 mg SureClick	Inject 50 mg SC once weekly
Humira (1 Month)	40 mg /0.4 ml (CF) Pen PFS	Inject 40 mg SC every other week Inject 40 mg SC once weekly
Kevzara (2 PFS)	200 mg PFS	Inject 200 mg SC once every week
Olumiant	1mg 2mg	
Orencia (1 Month)	125 mg PFS autoinjector	
Otezla (1 Starter Pack)	30 mg STARTER PACK	Titration: Take 1 tablet on day 1, then take twice daily as directed
Otezla (60 Tablets)	30 mg tablets	Take 1 tablet by mouth twice daily
Otrexup	10 mg/0.4 ml 12.5 mg/0.4ml 15 mg/0.4ml autoinjector 7 mg/0.4ml autoinjector	
Simponi (1 Month)	50 mg/0.5 ml PFS 50 mg Smartject	Inject 50 mg SC once a month
Stelara (1 PFS)	45 mg PFS (< 100 kg) 90 mg PFS (> 100 kg)	Inject 1 syringe SC initially then 4 weeks later, then every 12 weeks
Taltz (PsA)	80mg/ml PFS autoinjector	Inject 160 mg SC then 80 mg every 4 weeks
Xeljanz (60 Tablets)	5 mg	Take 1 tablet by mouth twice daily
Xeljanz XR (30 Tablets)	11 mg	Take 1 tablet by mouth once daily

The information provided above is true and accurate to the best of my knowledge, with supporting documentation in the patient's medical record. By signing below, I hereby authorize LeMed Specialty Pharmacy and/or its affiliate pharmacies to facilitate benefits investigations, complete and submit prior authorization (PA) requests, appeals, step edits and other processes necessary to obtain coverage for prescribed medications, to sign any necessary forms on my behalf of my patients, and to attach its Enrollment Form to the PA request as my signature.

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***Fax does not constitute a valid prescription as per NYS Board of Pharmacy. Please electronically prescribe order.**

Prescriber Signature: _____

Date: _____