

Today's Date: \_\_\_\_\_

Needs by Date: \_\_\_\_\_

Ship to: \_\_\_Patient \_\_\_Office \_\_\_Other:

**Patient Information**

Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home & Cell #: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Patient Weight: \_\_\_\_\_ lbs or KG  
 Drug Allergies: \_\_\_\_\_

**Prescriber Information**

Prescriber Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 DEA #: \_\_\_\_\_ State Lic#: \_\_\_\_\_  
 NPI#: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Person Name: \_\_\_\_\_  
 Contact E-mail: \_\_\_\_\_

**INSURANCE INFORMATION:** Please fax front & back copy of Medical & Prescription card(s) if possible as well as pertinent chart notes related to Patient's diagnosis.

**Clinical Information—Statement Of Medical Necessity**

**Diagnostic Information & Prior Treatment History**

ICD-10 code(s): \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 ICD-10 code(s): \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 TB skin test date and result: \_\_\_\_\_

PREVIOUS MEDICATION(S)	DURATION/REASON FOR DISCONTINUING

**Prescription Information**

✓	MEDICATION	DIRECTIONS	QTY	REFILLS
<input type="checkbox"/>	<b>CIMZIA</b> <input type="checkbox"/> 200mg STARTER kit <input type="checkbox"/> 400mg kit	<input type="checkbox"/> INITIATION Dose—Inject 400mg subcutaneously at weeks 0, 2, & 4. <input type="checkbox"/> MAINTENANCE Dose—Inject 400mg subcutaneously every 4 weeks		
<input type="checkbox"/>	<b>ENTYVIO</b> 300mg Vial	<input type="checkbox"/> INITIATION Dose—Infuse 300mg intravenously over 30 minutes at weeks 0, 2, & 6 <input type="checkbox"/> MAINTENANCE Dose—Infuse 300mg intravenously over 30 minutes every 8 Wks.		
<input type="checkbox"/>	<b>HUMIRA</b> <input type="checkbox"/> 40mg/0.4mL Citrate-Free Syringe <input type="checkbox"/> 40mg/0.4mL Citrate-Free Pen <input type="checkbox"/> 40mg/0.8mL Pre-filled Syringe <input type="checkbox"/> 40mg/0.8mL Pre-filled Pen <input type="checkbox"/> 40mg/0.4mL Citrate-Free Pen Starter Pack <input type="checkbox"/> 40mg/0.8mL Pens Starter Pack <input type="checkbox"/> 80mg/0.8mL & 40mg/0.4mL Citrate-Free Starter Pack	<input type="checkbox"/> Inject 40mg SQ every week <input type="checkbox"/> Inject 40mg SQ every other week <input type="checkbox"/> Inject 160mg SQ on Day 1, 80mg SQ on Day 15, then 40mg SQ every week beginning on Day 29		
<input type="checkbox"/>	<b>REMICADE</b> 100mg (weight-based dosing)	<input type="checkbox"/> INITIATION Dose – Infuse 5mg/kg at Weeks 0, 2, and 6. <input type="checkbox"/> MAINTENANCE Dose – Infuse 5mg/kg every 8 weeks		
<input type="checkbox"/>	<b>SIMPONI</b> 100mg Pen	<input type="checkbox"/> INITIATION Dose—Inject 200mg (2pens) SQ on Week 0, then 100mg (1pen) Week 2 <input type="checkbox"/> MAINTENANCE Dose— Inject 100mg SQ every 4 weeks.		
<input type="checkbox"/>	<b>STELARA</b> <input type="checkbox"/> 130mg IV (weight-based dosing) <input type="checkbox"/> 90mg PFS	<input type="checkbox"/> INITIATION Dose – Inject a single intravenous infusion of: <input type="checkbox"/> ≤55kg: 260 mg (2 vials) <input type="checkbox"/> 55kg—85kg: 390 mg (3 vials) <input type="checkbox"/> ≥ 85 kg: 520 mg (4 vials) <input type="checkbox"/> MAINTENANCE Dose – Inject 90 mg SQ every 8 weeks		

Revised 04/23/2020

Prescriber Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this form & utilizing our services, you are authorizing Duncan Specialty Pharmacy & its employees to serve as your prior authorization designated agent in dealing with medical & prescription insurance companies. In the event that this pharmacy determines that it is unable to fulfill this prescription, I further authorize this pharmacy to forward this information and any related materials to another pharmacy of the patient's choice or within his/her provider network  
**IMPORTANT NOTICE:** This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax.  
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