



Patient Name: _____ DOB: _____ Allergies: _____

Prescriber: _____ NPI: _____ ICD 10: _____

Please FAX recent clinical notes, labs, tests with the prescription to expedite Prior Authorization

X	Medication Name	Strength	Dose/Frequency	Quantity	Refills
	Actemra	162 mg PFS	Inject 162 mg sc once weekly (>100kg) OR 162 mg sc once every other week (<100 kg)		
	Cimzia	200 mg PFS	Initial dose: Inject 400 mg sc at weeks 0, 2 and 4	1 starter pack	0
	Cimzia	200 mg PFS	Maintenance dose: Inject 400 mg sc once every 4 weeks OR 200 mg sc once every 2 weeks	1 kit	
	Cosentyx	150 mg/ml Sensoready pen OR 150 mg/ml PFS	With loading dose: Inject 150 mg sc at weeks 0, 1, 2, 3, 4 then every 4 weeks thereafter Without loading dose: Inject 150 mg sc every 4 weeks	5 PFS/pens 1 PFS	
	Enbrel	25 mg PFS	Inject 25 mg sc once weekly	4 PFS	
	Enbrel	50 mg PFS	Inject 50 mg sc once weekly	4 PFS	
	Enbrel	50 mg SureClick	Inject 50 mg sc once weekly	4 PFS	
	Humira	40 mg/0.8ml Pen OR PFS	Inject 40 mg sc every other week OR Inject 40 mg sc once weekly	1 month	
	Humira	40 mg /0.4 ml (CF) Pen OR PFS	Inject 40 mg sc every other week OR Inject 40 mg sc once weekly	1 month	
	Kevzara	200 mg PFS	Inject 200 mg sc once every week	2 PFS	
	Orencia	125 mg PFS OR autoinjector	Inject 125 mg sc once weekly	1 month	
	Otezla	30 mg STARTER PACK	Titration: Take 1 tablet on day 1, then take twice daily as directed	1 starter pack	
	Otezla	30 mg tablets	Take 1 tablet by mouth twice daily	60 tablets	
	Simponi	50 mg/0.5 ml PFS OR 50 mg SmartJect	Inject 50 mg sc once a month	1 month	
	Stelara	45 mg PFS (< 100 kg) OR 90 mg PFS (> 100 kg)	Inject 1 syringe sc initially then 4 weeks later, then every 12 weeks	1 PFS	
	Xeljanz	5 mg	Take 1 tablet by mouth twice daily	60 tablets	
	Xeljanz XR	11 mg	Take 1 tablet by mouth once daily	30 tablets	

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