

Access Specialty Pharmacy **Crohn's / GI / UC/ IBS Prescription Referral Form**

Send your RX to: Access Specialty Pharmacy
Fax: 661-489-3553 If you have any questions or concerns,
Please contact us at 661-489-3500 or toll free (833-647-0821)

Date Medication Needed: _____ Deliver to: Patient's home Prescriber's office Pick-up Injection training
by pharmacy? _____

1: Patient Information			
Patient Name: _____	Birthdate: _____	Sex: Male Female	Height: _____ Weight: _____ lbs. Kg.
Soc. Sec #: _____	Preferred Phone: _____	Known Allergies: _____	
Address: _____	City: _____	State: _____	Zip: _____
Alternate Caregiver Name: _____		Preferred Phone: _____	

Insurance Information: Please Fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2. Prescriber Information			
Provider Name: _____	DEA #: _____	NPI#: _____	
Address: _____	Phone: _____	Fax: _____	
City, State, ZIP: _____	Key Contact: _____ Phone: _____		

3: Diagnosis/Clinical Information	
<i>Please FAX recent clinical notes, labs, Tests, with the prescription</i>	
Diagnosis: _____	ICD-10: _____

4: Prescription Information				
Medication	Dose/Strength	Sig	Qty.	Refills
<input type="checkbox"/> Cimzia	<input type="checkbox"/> Prefilled Syringes (2x200mg) <input type="checkbox"/> Lyophilized vials (2x200mg) <input type="checkbox"/> Cimzia Starter Kit (6x200mg)	<input type="checkbox"/> Starter Dose Inject 400mg SC at weeks 0, 2, and 4 <input type="checkbox"/> Maintenance Dose: Inject 400mg SC every 4 weeks		0 refills for starter Dose
<input type="checkbox"/> Humira	<input type="checkbox"/> 20mg Pen <input type="checkbox"/> 20mg Prefilled Syringe <input type="checkbox"/> 40mg Pen <input type="checkbox"/> 40mg Prefilled Syringe <input type="checkbox"/> Starter Pack	<input type="checkbox"/> Starter Dose: Inject 160mg SC for first Dose (Day 1), then inject 80mg SC two weeks after first dose (Day 15), then inject 40mg SC every OTHER week starting at week 4 (Day 29) <input type="checkbox"/> Maintenance Dose: Inject 40mg SC every other week <input type="checkbox"/> Other: _____		0 refills for starter Dose
<input type="checkbox"/> Xifaxan	<input type="checkbox"/> 200mg tabs <input type="checkbox"/> 550 mg tabs	<input type="checkbox"/> Take _____ tablets by mouth _____ times per day		
<input type="checkbox"/> Simponi	<input type="checkbox"/> 100mg Smartject <input type="checkbox"/> 100mg Prefilled Syringe	<input type="checkbox"/> Starter Dose: Inject 200mg SC at week 0, then 100mg SC at week 2, then start maintenance at week 6 <input type="checkbox"/> Maintenance Dose: 100mg SC every 4 weeks starting at week 6, after Induction dose		0 refills for starter Dose
<input type="checkbox"/> Dificid	<input type="checkbox"/> 200mg tabs	<input type="checkbox"/> Take 1 tablet twice daily with or without food for 10 days		
<input type="checkbox"/> Stelara	<input type="checkbox"/> 90mg/1ml SC Prefilled Syringe	Maintenance: <input type="checkbox"/> Inject 90mg SC 8 weeks after initial IV dose and then every 8 weeks thereafter <input type="checkbox"/> Other: _____	1x 90mg/ml PFS	0 refills for starter Dose
<input type="checkbox"/> Linzess	<input type="checkbox"/> 290 mcg caps	<input type="checkbox"/> Take 1 capsule by mouth once daily for IBS with Constipation		

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program, if possible

Patient Signature: _____	Date: _____
Prescriber Signature: Prescriber, please sign and date below	
_____	_____
Dispense as written	Date
Substitution Permissible	Date
# of Prescriptions: _____	

I authorize Access Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process
 Important Notice: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.