

Request Form For Self Injectable Biological For Treating Arthritis (e.g. Enbrel® or Humira®)

Fax to Keystone Mercy Pharmacy Services at **215-937-5018**, or to speak to a representative call **800-588-6767**. *Form must be completed for processing.*

Patient Name: _____

Keystone Mercy ID#: _____

Address: _____

Apt # or Suite #: _____

City: _____ State: _____

Zip Code: _____

Phone #: _____ Weight: _____ lbs = _____ Kg

Birth Date: _____

Physician Name: _____

NPI #: _____

Address: _____

Apt # or Suite #: _____

City: _____

State: _____

Zip Code: _____

Contact Person: _____

Phone #: _____

Fax #: _____

Physician Signature: _____

Drug to be administered from (on): _____ to _____

Or was administered on: _____ to be replaced to physician's office.

Has the member been evaluated for active or latent TB infection? YES NO

Date of PPD (tuberculin skin test): _____

Diagnosis: _____

ICD-9 Diagnosis Code: _____

Drug Name: _____ Dose: _____ Sig: _____

Deliver to Patient's Home Deliver to Physician's Office Pick-up at Local Pharmacy (Name/Phone#): _____

For prior authorization of self injectable biologic additional information is needed to proceed with review. Please identify the therapies attempted by completing the medication chart below indicating the dose, start date, end date and reasons for discontinuation (e.g. intolerance, hypersensitivity, other medical reasons). Please attach any needed applicable documentation

<input checked="" type="checkbox"/>	Drug	Dose	Start Date	End Date	Comments
<input type="checkbox"/>	Methotrexate (MTX)				
<input type="checkbox"/>	Combination Therapy (i.e. Sulfasalazine, MTX, & Hydroxychloroquine)				
<input type="checkbox"/>	Leflunomide (Arava®)				
<input type="checkbox"/>	Etanercept (Enbrel®)*				
<input type="checkbox"/>	Adalimumab (Humira®)*				
<input type="checkbox"/>	Other ()				

*These medications require prior authorization and will only be approved when the patient has a medical reason for not taking the above oral formulary medications.

Additional Comments: _____