RHEUMATOLOGY
REFERRAL FORM
Fax: 270-247-6033
or 270-251-3571

DUNCAN SPECIALTY PHARMACY

1522 Cuba Road
Mayfield, KY 42066
Phone: 270-247-3725

PRODUCTS A-K

Today's Date: Needs by Date: Ship to: ☐Patient ☐Office ☐Other:

Patient Information	Prescriber Information
Patient Name:	Prescriber Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home & Cell #:	DEA #: State Lic#:
SSN:	NPI#:
DOB: Sex:	Phone: Fax:
Drug Allergies:	Contact Person:

INSURANCE INFORMATION: Please fax front & back copy of Medical & Prescription card(s) if possible:

Clinical Information–Statement Of Medical Necessity

Diagnostic Information & Prior Treatment History

TB/PPD Test: ☐ Negative ☐ Positive **Please send a copy of TB/PPD Test Results**

ICD-10 code(s):	Diagnosis:
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PREVIOUS MEDICATION(S)	DURATION/REASON FOR D/C

Prescription Information

✓	MEDICATION		DIRECTIONS		QTY	REFILLS
☐	ACTEMRA	☐ 162mg Pre-filled Syringe	☐ Inject SQ once every week ☐ Inject SQ once every other week		☐ 1 Month ☐ 3 Months ☐ Other:	
☐	CIMZIA	☐ Starter Kit ☐ 200mg/mL Pre-filled Syringe (PFS)	Induction Dosing	☐ Inject 400mg SQ at Day 1, Day 14, & Day 28 (qty:6)	☐ 1 Month ☐ 3 Months ☐ Other:	
			Maintenance Dosing	☐ Inject 400mg SQ every 4 weeks ☐ Inject 200mg SQ every other week		
☐	COSENTYX	☐150mg Sensoready® Pen ☐ 150mg PFS	Induction Dosing	☐ Inject 150mg SQ at Weeks 0, 1, 2, 3, and 4 ☐ Inject 300mg SQ at Weeks 0, 1, 2, 3, and 4	☐ 1 Month ☐ 3 Months ☐ Other:	
			Maintenance Dosing	☐ Inject 150mg SQ every 4 weeks ☐Inject 300mg SQ every 4 weeks		
☐	ENBREL	☐ 25mg PFS ☐ 25mg Vial ☐ 50mg Mini Cartridge ☐ 50mg PFS ☐ 50mg SureClick Pen	☐ Inject 50mg SQ once a week ☐ Inject 50mg SQ twice a week for 3 months, then 50mg SQ once a week. ☐ Inject 25mg SQ once a week ☐ Inject 25mg SQ twice a week ☐ Inject 0.8mg/kg SQ once a week. Weight:_____kg		☐ 1 Month ☐ 3 Months ☐ Other:	
☐	HUMIRA	☐ 40mg/0.4mL Citrate-Free Syringe ☐ 40mg/0.4mL Citrate-Free Pen ☐ 40mg/0.8mL Pre-filled Syringe ☐ 40mg/0.8mL Pre-filled Pen ☐ 40mg/0.4mL Citrate-Free Pen Starter Pack ☐ 40mg/0.8mL Pens Starter Pack ☐ 80mg/0.8mL & 40mg/0.4mL Citrate-Free Starter Pack		☐ Inject 40mg SQ every week ☐ Inject 40mg SQ every other week ☐ Inject 80mg SQ on Day 1, then 40mg SQ on Day 8 and Day 22 ☐ Inject 160mg SQ on Day 1, then 80mg SQ on Day 15, then 40mg SQ every week starting on Day 29	☐ 1 Month ☐ 3 Months ☐ Other:	
☐	KEVZARA	☐ 150mg Autoinjector ☐ 200mg Autoinjector ☐ 150mg PFS ☐ 200mg PFS		☐ Inject 150mg SQ every 2 weeks ☐ Inject 200mg SQ every 2 weeks	☐ 1 Month ☐ 3 Months ☐ Other:	
☐	KINERET	☐ 100 mg PFS		☐ Inject 1 syringe SQ once a day ☐ Inject 1 syringe SQ every other day	☐ 1 Month ☐ 3 Months ☐ Other:	

Revised 11/25/2019

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