**LOVELACE SPECIALTY PHARMACY**

500 Walter St Suite 202B Albuquerque, NM 87102

Ph: (505) 727-4532 Toll Free: (888) 727-4530

Fax: (505) 727-2911

**Patient Information**

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Last Name

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Date of Birth

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City State Zip

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Phone number

**Prescriber Information**

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Prescriber Name

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Prescriber Address

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City State Zip

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Phone Number Fax Number

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NPI # DEA #

**Insurance Information (fax a copy of card)**

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Subscriber Name

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Group #

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ID #

**Prescription**

**Otezla** (apremilast)

Dispense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refills\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Take 30mg tablet by mouth:

□ once daily for 30 days □ twice daily for 30 days

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enbrel PFS** (Etanercept)

Dispense \_\_\_\_\_\_\_\_\_\_\_ Refills \_\_\_\_\_\_\_\_\_\_\_

□ Inject **25MG** sc every week

□ Inject **50MG** sc every week

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enbrel Sureclick** (etanercept)

Dispense\_\_\_\_\_\_\_\_\_\_\_\_ Refills\_\_\_\_\_\_\_\_\_\_\_

**□** Inject 50mg sc every week

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Humira Psoriasis Starter kit**

Dispensed as one kit (4 prefilled syringes)

□Inject 80mg sc as one single dose on day 1 then 40mg at week 1 and every other week thereafter

**Humira Pen** (adalimumab)

Dispense\_\_\_\_\_\_\_\_\_\_\_ Refills \_\_\_\_\_\_\_\_\_\_\_\_\_

□ Inject 40mg sc every **other** week

□ Inject 40mg sc every week

□ Inject 80mg (2 pens) every other week

**Humira Pre-Filled Syringe** (adalimumab)

Dispense\_\_\_\_\_\_\_\_\_\_\_ Refills \_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Inject 40mg sc every **other** week

□ Inject 40mg sc every week

□ Inject 80mg (2 syringes) every other week

**Kineret** (Anakinra)

Dispense\_\_\_\_\_\_\_\_\_\_\_\_ Refills \_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Inject 100mg sc Daily

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Stelara Pre-filled Syringe** (ustekinumab)

Dispense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refills\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Inject 45mg subcutaneously at week 0, week 4 and

every 12 weeks thereafter

□ Inject 90mg subcutaneously at week 0, week 4 and

every 12 weeks thereafter

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Orencia PFS** (Abatacept)

Dispense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refills\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Inject 125mg on day 1 after initial loading dose and every week thereafter

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Simponi** (golimumab)

□ Pre-filled syringe □ Pen

Dispense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refills\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Inject 50MG subcutaneously every month

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Methotrexate Injection**

 □ Vials

Dispense\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_

□ Inject \_\_\_\_\_\_\_\_ □ IM □ SUB-Q \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_weekly

**Methotrexate 2.5mg Tablets**

Dispense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refills\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Take \_\_\_\_\_\_ Tablets PO once weekly

**Prescriber Signature:**

**Date:**

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