

If you are not **buying and billing** this medication, indicate which specialty pharmacy will be used:

- ☐ **Medical** (Office Admin)

**Fax #:** 1-800-306-0188

**Phone #: 1-800-499-1275**

- ☐
- Noble

**Fax:** 1-888-842-3977

**Phone: 1-888-843-2040**

- ☐
- Accredo Health**

**Fax: 1-888-773-7386**

**Phone: 1-866-413-4137**

- ☐
- Walgreens Specialty Pharmacy**

**Fax:** 1-866-435-2173

**Phone:** 1-866-435-2171

**Complete all the following Patient/Prescriber information: (Please Print)**

\* ATTACH CLINICAL NOTES RELATED TO THIS REQUEST. IF DOCUMENTATION IS NOT PROVIDED, IT MAY DELAY THE REQUEST.

**\*Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify the above is true and accurate to the best of my knowledge.