



Rheumatology Referral Form (A-R)

Administer At: Patient's Home Prescriber's Office Other: _____ Hold shipment until notified by prescriber Anticipated Start Date: _____

1. Patient Information

Last Name: _____
 First Name: _____
 Date of Birth: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

2. Prescriber Information

Prescriber Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 NPI# _____ Office Contact: _____

3. Diagnosis and Clinical Information (Please fax recent clinical notes, labs and tests, with the prescription to expedite the prior authorization)

Allergies: _____ Height: _____ Weight: _____
 Tried/Failed Meds and Therapies: _____
 Diagnosis (ICD 10 Code): _____
 Negative TB test date: _____

4. Prescription Information (A-R) Remicade, Inflectra, Rinvoq, Rituxan, Simponi, Simponi Aria, Stelara, Taltz, Tremfya, Xeljanz are available on Rheumatology Referral Form (R-Z)

Medication	Dose	Directions	Dispense	Refill
Actemra	162mg/0.9ml PFS or autoinjector pen	<100kg (220lb): inject 162mg SQ every other week <100 kg (220lb): inject 162mg SQ every week		
	80mg/4ml SDV 200mg/10ml SDV 400mg/20ml SDV	Initial: 4 mg/kg once every 4 weeks; may be increased to 8 mg/kg once every 4 weeks based on clinical response (maximum dose: 800 mg).		
Benlysta	120mg recon SDV 400mg recon SDV 200mg PFS 200mg Autoinjector	IV: initial 10mg/kg IV (over 1hr) at weeks 0, 2, and 4 then q 4 weeks after		
		SQ: Inject 200mg SC once weekly		
Cimzia	200mg/ml start kit (6syr) 200mg/ml PFS kit (2syr) 200mg/ml vial (office)	Initial: 400 mg, repeat dose 2 and 4 weeks after initial dose; Maintenance: 200 mg every other week Maintenance: 400 mg every 4 weeks.		
Cosentyx	150mg/ml PFS 150mg/ml Sensoready Pen	Initial: 150mg or 300mg (2x 150mg) for SC weekly at weeks 0, 1, 2, 3, and 4 Maintenance: 150mg SC every 4 weeks 300mg (2x 150mg) SC every 4 weeks		
Enbrel	25mg or 50mg PFS 50mg Sureclick Autoinjector 25mg vial 50mg Mini	inject 50mg SC once a week or 25mg SC Twice a week 72-96hrs apart		
		Other:		
Humira (CF) Humira	40mg PEN 40mg PF Syringe 80mg PEN 80mg PF Syringe	Inject 40mg SC once OTHER week		
		Inject 40mg SC every week		
Kevzara	150mg PF Syringe PEN 200mg PF Syringe PEN	Inject 150mg SC once every two weeks		
		Inject 200mg SC once every two weeks		
Krystexxa	8 mg/mL (1 mL) Vial	IV: 8 mg every 2 weeks	2 boxes (1 month)	
Olumiant	2mg tablets	Take 2 mg PO once daily	30 tabs	
Otezla	Starter pack 30mg tablet	Take starter pack UTD [Day1: 10mg QAM Day2: 10mg BID Day3: 10mg AM & 20mg PM Day4: 20mg BID Day 5: 20mg AM & 30mg PM Day 6 30mg BID] *28 day starter pack Maintenance: Take 30mg PO twice daily	Starter pack 60 tabs	
Otrexup Rasuvo	125mg/ml ClickJet Autoinjector 250mg reconstituted vials	SQ: 125 mg once weekly Pediatrics: SQ 50 mg pen SC once weekly 87.5mg pen SC once weekly		
		IV: <60 kg: 500 mg 60 to 100 kg: 750 mg >100 kg: 1,000 mg At weeks 0, 2, 4 and then every 4 weeks		
Other				

Order will include as needed: Anaphylaxis kit, Diluents, Flushes, Supplies. Skilled Home Health nursing services if administered at home

Prescriber Authorization (No stamps. Signature and date must be completed in prescriber's handwriting)

I authorize MedRX Infusion Clinical Pharmacy to act as my representative and on behalf of myself and my patient to initiate any authorization processes from applicable health plans, if needed, including the submission of any necessary forms to such health plans.

Prescriber Signature

PRESCRIBER SIGNATURE REQUIRED. NO STAMPS.

Date _____



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Allergies: _____ Height: _____ Weight: _____
Tried/Failed Meds and Therapies: _____
Diagnosis (ICD 10 Code): _____
Negative TB test date: _____

4. Prescription Information (R-Z) Actemra, Benlysta, Cimzia, Cosentyx, Enbrel, Humira (CF), Humira, Kevzara, Krystexxa, Olumiant, Otezla, Otrexup, Rasuvo are available on Rheumatology Referral Form (A-R)

Medication	Dose	Directions	Dispense	Refill
Remicade Inflectra	IV therapy _____mg/kg	Loading weeks 0, 2, and 6, followed every 8 weeks Other: _____ dx/condition and response dictate dose and frequency: 3-10mg/kg every 4 - 8 weeks Premedications: _____	____ doses	
Rinvoq	15mg 30mg tablets	Take 15 mg PO Daily Take 30 mg PO Daily	30 Tabs	
Rituxan	IV infusion 1000mg Other: _____mg	1000mg IV week 0, week2, repeat every 24 weeks (6 month) Other: _____ Premedication: _____	# _____ infusions	
Simponi	50mg Prefilled Syringe 50mg SmartJet Pen	Inject 50mg SC once a month	4-week supply	
Simponi Aria	IV: 2 mg/kg 50MG/4ML SDV # _____ vials	IV: _____mg at weeks 0, 4, and then every 8 weeks thereafter.	____ doses	
Stelara	45mg Prefilled Syringe 90mg Prefilled Syringe	Initial: Inject 45mg SC weeks 0 and 4	2	
		Maintenance: Inject 90mg SC every 12 weeks Other: _____	1	
Taltz	80mg autoinjector 80mg Prefilled Syringe	Initial: Inject 160mg (2x80injections) SC at week 0	2	0
		Maintenance: Inject 80mg SC every 4 weeks	1	
Tremfya	100mg autoinjector 100mg prefilled syringe	Initial: Inject 100mg SC at week 0 and 4	2	0
		Maintenance: Inject 100mg SC at every 8 weeks	1	
Xeljanz	5mg tabs 11mg XR tabs	Take 5 mg PO twice daily take 11mg PO once daily		
Other				

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