Rheumatology L-Z



Superior	DATE:	NEEDS BY DATE:		SHIP TO: 🗖 PATIENT 📮	OFFICE - FIRST DOSE	OFFICE - ALL D	OSES 🖵 OTI	HER		
Promotive Progress	PATIENT INFORMATION PRESCRIBER INFORMATION									
Secretary Secr	Patient Name Prescriber Name									
Second Processes Second Proc	Address				Prescriber Type	rsician (MD or DO)	☐ Nurse Practitio	ner 🖵 Physician	's Assistant	
Address	Address			Supervising Physician (If prescriber is a NP or PA)						
Maile Female	City State			DEA #			Tax ID #			
Male Female					Address					
Contact Proof Contact Proo	Main Phone Alternative Phone			☐ Male ☐ Female	City State			Zip		
CLINICAL INFORMATION Diagnosis: MM6.9 Rheumatoid Arthritis Clinical	Social Security #			Date of Birth	Phone Fax					
Diagnosis MASS of Riscountable Arthritis Chemis C				Contact Person						
Diagnosis MASS Piteournatid Arthritis Chiner. Other. Oth	CLINICAL INFORMATION									
Patient Allergies: Hepathtis Test Result: Patient Weight: Patient Height:				50 Psoriatic Arthritis			☐ M08.00 Juv	0 Juvenile Rheumatoid Arthritis		
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Diffuse	☐ Orencia®						4 Week Supply			
Otezla* Starter Pack OR date provided 30 mg Tablets Maintenance: Take 1 tablet by mouth ONCE daily. 30 60 30 60 30 mg Tablets Maintenance: Take 1 tablet by mouth TWICE daily. 30 mg Tablets Bridge Rx: Take 1 tablet by mouth TWICE daily; dispensed by OSP (Recommended daily dose) ***Starter Pack Provided Date: Bridge Rx: Take 1 tablet by mouth ONCE daily; dispensed by OSP (For Patients with severe renal impairment) 100 mg Vial Infuse		☐ 125mg Auto-Injector								
30mg Tablets Maintenance: Take 1 tablet by mouth ONCE daily 30 60 Maintenance: Take 1 tablet by mouth TWICE daily. Maintenance: Take 1 tablet by mouth TWICE daily. Bridge Rx. Take 1 tablet by mouth TWICE daily; dispensed by OSP (Recommended daily dose) ***Starter Pack Provided Date: Bridge Rx. Take 1 tablet by mouth ONCE daily; dispensed by OSP (For Patients with severe renal impairment) Infuse	□ Otezla®	Chautau Da ala						1 Ctt Dl-		
Maintenance: Take 1 tablet by mouth TWICE daily. Bridge Rx: Take 1 tablet by mouth TWICE daily; dispensed by OSP (Recommended daily dose) ***Starter Pack Provided Date:										
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Otezla® Bridge Rx 30mg Tablets Recommended daily dose) ****Starter Pack Provided Date: Bridge Rx: Take 1 tablet by mouth ONCE daily; dispensed by OSP (For Patients with severe renal impairment) Remicade® 100mg Vial Infusemg at		30mg Tablets								
Bridge Rx: Take 1 tablet by mouth ONCE daily; dispensed by OSP (For Patients with severe renal impairment) Remicade* 100mg Vial Infusemg at	□ Otezla® <i>Bridge Rx</i>		I	(Recommended daily dose) ***Starter Pack Provided Date: □ Bridge Rx: Take 1 tablet by mouth ONCE daily; dispensed by OSP			_	28 _		
□ Remicade® 100mg Vial Infusemg at			☐ Br							
□ Rinvoq™ Please utilize manufacturer enrollment form and send to Avita □ Simponi® □ 50mg SmartJect or □ PFS □ Inject 50mg SQ ONCE a MONTH as directed □ Aria □ Infusemg at weeks 0 and 4, then every 8 weeks thereafter 4 Week Supply □ 4 Week Supply □ Inject 45mg on day 0, then week 4, then every 12 weeks (Patients ≤ 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) □ Inject 90mg on day 0, then week 4, then			(F							
□ Simponi® □ 50mg SmartJect or □ PFS □ Inject 50mg SQ ONCE a MONTH as directed 4 Week Supply □ Aria □ Infusemg at weeks 0 and 4, then every 8 weeks thereafter 4 Week Supply □ Stelara® □ 45mg Prefilled Syringe □ Inject 45mg on day 0, then week 4, then every 12 weeks (Patients ≤ 220lbs) 4 Week Supply □ Taltz® Psoriatic Arthritis Only □ Auto Injector □ Initial: Inject 160 mg SQ on week 0 2 □ Taltz Psoriatic Arthritis Only □ Pre-filled Syringe □ Maintenance: Inject 80 mg SQ every 4 weeks 1 □ Xeljanz® □ 5mg Tablets □ Take 1 tablet by mouth TWICE daily 60 □ 1mg XR Tablets □ Take 1 tablet my mouth ONCE daily 30 □ Otrexup® 4 Week Supply	☐ Remicade®	100mg Vial	Infus	semg at						
☐ Simponi® ☐ Aria ☐ Infusemg at weeks 0 and 4, then every 8 weeks thereafter 4 Week Supply ☐ Stelara® ☐ 45mg Prefilled Syringe ☐ Inject 45mg on day 0, then week 4, then every 12 weeks (Patients ≤ 220lbs) 4 Week Supply ☐ Taltz® ☐ Auto Injector ☐ Initial: Inject 160 mg SQ on week 0 2 ☐ Pre-filled Syringe ☐ Maintenance: Inject 80 mg SQ every 4 weeks 1 ☐ Xeljanz® ☐ Take 1 tablet by mouth TWICE daily 60 ☐ 11mg XR Tablets ☐ Take 1 tablet my mouth ONCE daily 30 ☐ Otrexup® 4 Week Supply	☐ Rinvoq [™]	Please utilize manufacturer enrollment form and send to Avita								
Aria	☐ Simponi®	☐ 50mg SmartJect or ☐ PFS	🖵 In	ject 50mg SQ ONCE a MONTH	as directed		4 Week Supply			
□ Stelara® □ 90mg Prefilled Syringe			□ln	fusemg at weeks 0 and 4	1, then every 8 weeks	thereafter		4 Week Supply		
Weight Required: Inject 90mg on day 0, then week 4, then every 12 weeks (Patients > 220lbs) Auto Inject or Initial: Inject 160 mg SQ on week 0 Pro-filled Syringe Maintenance: Inject 80 mg SQ every 4 weeks Smg Tablets Take 1 tablet by mouth TWICE daily Take 1 tablet my mouth ONCE daily Otrexup A Week Supply 4 Week Supply	☐ Stelara®									
Taltz° Auto Injector Initial: Inject 160 mg SQ on week 0 2 Psoriatic Arthritis Only Pre-filled Syringe Maintenance: Inject 80 mg SQ every 4 weeks 1 1 Xeljanz° Take 1 tablet by mouth TWICE daily 60 11mg XR Tablets Take 1 tablet my mouth ONCE daily 30 4Week Supply 4 Week Supply				• •	•			4 Week Supply		
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□ Xeljanz® □ 5mg Tablets □ Take 1 tablet by mouth TWICE daily 60 □ Take 1 tablet my mouth ONCE daily 30 □ Otrexup® 4 Week Supply □ Otrexup®		•	I							
□ 11mg XR Tablets □ Take 1 tablet my mouth ONCE daily 30 □ Otrexup® 4 Week Supply □ □ □	☑ Xeljanz®	1 1								
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	☐ Rasuvo®							4 Week Supply		

1. In order for a brand name product to be dispensed, the prescriber must write "Brand Necessary" or "Brand Medically Necessary" or any required state-specific language.
2. By signing this form, you are authorizing the pharmacy and its representatives to act on your behalf to obtain prior authorizations for the prescribed medication(s). We will also pursue available copay and financial assistance on behalf of your patients when available.
3. The pharmacy can only accept faxed prescriptions directly from a prescriber's office.
4. Prescribers must comply with any of their state-specific prescription requirements.