

RHEUMATOLOGY REFERRAL FORM

A-G

Phone (888) 370.1724 Fax (877) 645.7514
10004 S. 152nd St, Suite A, Omaha NE 68138



Patient Information			PLEASE FAX INSURANCE CARD (FRONT AND BACK)			Prescriber Information			
Last Name		First Name		DOB		Practice/Facility Name			
Address						Address			
City		State		ZIP		City		State	ZIP
Phone			SSN			Prescriber Name			
Allergies						Prescriber NPI			
Sex	Male	Female	Weight (kg)		Height (ft,in)	Nurse/Key Contact		Phone/Pager	
Insurance Plan				Plan ID #		Fax		Email	

Diagnosis/Clinical Information		PLEASE FAX CLINICAL AND LAB INFORMATION	
Primary Diagnosis: <input type="checkbox"/> M06.9 Rheumatoid Arthritis <input type="checkbox"/> M08.00 Juvenile Rheumatoid Arthritis <input type="checkbox"/> L40.59 Psoriatic Arthritis <input type="checkbox"/> L40.54 Psoriatic Juvenile Arthritis <input type="checkbox"/> M45.9 Ankylosing Spondylitis <input type="checkbox"/> Other: _____			
Date of diagnosis/years with the disease: _____			
Prior Therapy: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details): _____			
Concurrent Therapy: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details): _____			
TB Test: <input type="checkbox"/> No <input type="checkbox"/> Yes (date): _____ Results: _____			

Additional Information			
Today's Date	Delivery Date	Deliver to: Home Physician	Special Instructions

Prescription Information				
MEDICATION	DOSE/STRENGTH	DIRECTIONS FOR USE	QTY	REFILLS
Actemra® IV Administration Current Weight: _____kg	80 mg single dose vial 200 mg single dose vial 400 mg single dose vial	4 mg/kg IV once every 4 weeks Other: _____	QS	
Actemra® SC Administration Current Weight: _____kg	162 mg (0.9 ml) PFS	162 mg SC every other week (<100 kg) 162 mg SC once a week (>=100 kg)	2 4	
Cimzia®	Starter Dose: 200 mg/ml PFS 200 mg Lyophilized powder vial	Initial dose of 400 mg SC at weeks 0, 2, and 4	6	0
	Maintenance Dose: 200 mg/ml PFS 200 mg Lyophilized powder vial	400 mg SC every 4 weeks 200 mg SC every 2 weeks	4-week supply	
Cosentyx®	150 mg/ml PFS 150 mg/ml Sensoready Pen	No Loading Dose: 150 mg SC every 4 weeks 300 mg SC every 4 weeks	4-week supply	
		Loading Dose: 150 mg SC at weeks 0, 1, 2, and 3 300 mg SC at weeks 0, 1, 2, and 3	4 8	0 0
		Maintenance Dose: 150 mg SC at week 4, then 150 mg SC every 4 weeks thereafter 300 mg SC at week 4, then 300 mg SC every 4 weeks thereafter	1 2	
Enbrel® Adult Dosing	50 mg/ml Sureclick™ Autoinjector 50 mg/ml PFS 25 mg Vial (inj supplies included) 25 mg /0.5 ml PFS	Inject 50 mg SC once a week Other: _____	4-week supply	
Enbrel® Pediatric Dosing Children ≥ 2 years old and adolescents Current weight: _____kg	25 mg/0.5 ml PFS 25 mg Vial (inj supplies included) 50 mg/ml PFS 50 mg /ml Sureclick™ Autoinjector	<63 kg: Inject 0.8 mg/kg (____mg) SC once weekly (max 50 mg per dose) ≥63 kg: Inject 50 mg SC once weekly (Children must weight at least 138 pounds)	4-week supply	

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution:

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (date)

DISPENSE AS WRITTEN/Do Not Substitute (date)

I authorize Amber Pharmacy and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so, to release clinical information via phone to the appropriate third party payer.

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately at the address and telephone number set forth herein and obtain instructions as to proper destruction of the transmitted material. Thank you.