

# RHEUMATOLOGY REFERRAL FORM

# H-O

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			
Primary Diagnosis:    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: _____			
Today's Date	Delivery Date	Deliver to: Home    Physician	Special Instructions

Prescription Information				
MEDICATION	DOSE/STRENGTH	DIRECTIONS FOR USE	QTY	REFILLS
Humira®	40 mg/0.8 ml Pen 40 mg/0.8 ml PFS	Inject 40 mg SC every other week Inject 40 mg SC once a week Other: _____	4-week supply	
Kezara®	200 mg/1.14 ml PFS 150 mg/1.14 ml PFS	200 mg SC once every 2 weeks 150 mg SC once every 2 weeks	4-week supply	
Orencia® <i>IV Administration</i> <i>Current Weight:</i>  _____ kg	Orencia 250 mg vial  <b>Adult</b> <60 kg = 500 mg 60-100 kg = 750 mg >100 kg = 1,000 mg  <b>Pediatric (6-17 years)</b> <75 kg = 10 mg/kg 75-100 kg = 750 mg >100 kg = 1,000 mg (max dose)	<b>Initial Dose:</b> Infuse _____ mg IV at week 0 Only, then transition to SC Infuse _____ mg IV at week 0 and 2	QS	0
		<b>Maintenance Dose:</b> Infuse _____ mg IV at week 4 and then every 4 weeks thereafter	4-week supply	
Orencia® <i>SC Administration</i> <i>Current Weight:</i>  _____ kg	Orencia 125 mg/ml PFS Orencia 125 mg/ml Autoinjector Orencia 87.5 mg/0.7 ml PFS Orencia 50 mg/0.4 ml PFS	<b>Adult Dose:</b> 125 mg SC once weekly  <b>Pediatric Dose: (&gt; 2 years)</b> 10 – <25 kg 50 mg SC once weekly ≥25 kg – <50 kg 87.5 mg SC once weekly ≥50 kg 125 mg SC once weekly	4-week supply	
Otezla® Adult Dosing	<b>Starter Pack</b> (Titration) (55 tablets)	Take as directed per package or prescriber instructions	28 day starter pack	0
	<b>Maintenance Rx</b> 30 mg (Otezla tablets)	Take one tablet my mouth twice daily	60	
		Take one tablet my mouth once daily	30	
	<b>Bridge Rx</b> 30 mg (Otezla tablets)	Take one tablet my mouth twice daily	28/14 day supply	12 refills
Take one tablet my mouth once daily		28/28 day supply	6 refills	

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)

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.