

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:		Special Instructions	
				Home Physician			

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	
Kevzara®	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 Adult <60 kg = 500 mg 60-100 kg = 750 mg >100 kg = 1,000 mg Pediatric (6-17 years) <75 kg = 10 mg/kg 75-100 kg = 750 mg >100 kg = 1,000 mg (max dose)	Initial Dose: Infuse _____ mg IV at week 0 Only, then transition to SC Infuse _____ mg IV at week 0 and 2	QS	0
		Maintenance Dose: 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	Adult Dose: 125 mg SC once weekly Pediatric Dose: (> 2 years) 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	Starter Pack (Titration) (55 tablets)	Take as directed per package or prescriber instructions	28 day starter pack	0
	Maintence Rx 30 mg (Otezla tablets)	Take one tablet my mouth twice daily	60	
		Take one tablet my mouth once daily	30	
	Bridge Rx 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) _____

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.