

For assistance, contact your pharmacy representative: \_\_\_\_\_ Phone: \_\_\_\_\_ (For providers only)

Note: This form is intended for prescriber use only, if faxed, the fax must come from MD office or hospital (may not be faxed by patient).

**Rheumatology**  
Prescription/Pharmacy Intake Form

Pharmacy: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_  
Pharmacy Fax: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_  
Date Needed: \_\_\_\_\_ Ship To:  Prescriber's Office  Patient's Home  Other: \_\_\_\_\_

**PATIENT INFORMATION**

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone # (Daytime): \_\_\_\_\_ Phone # (Evening): \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Insurance provider (Please include copy of front and back of card): \_\_\_\_\_  
ID #: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_  Patient is eligible for Medicare  
Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_  
Relationship to Patient:  Self  Other: \_\_\_\_\_ Prescription Card:  Yes  No Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Will there be access to anaphylactic medications and oxygen at the administration site? \_\_\_\_\_

**CLINICAL ASSESSMENT – Please complete ALL sections to avoid delays in filling prescription**

Patient is new to therapy  Patient is currently on therapy Start date: \_\_\_\_\_  Physician Provides Injection Training Injection/Infusion Date: \_\_\_\_\_

Primary Diagnosis Code and Condition (ICD-10): \_\_\_\_\_ Other Diagnosis/Conditions: \_\_\_\_\_

Joints Affected: \_\_\_\_\_ Number of Tender Joints: \_\_\_\_\_ Number of Swollen Joints: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Date: \_\_\_\_\_

New Therapy Induction  Therapy Change  Therapy Continuation | Weeks Completed  0  2  4  6 | Stop Date: \_\_\_\_\_

ESR: \_\_\_\_\_ Date: \_\_\_\_\_ CRP: \_\_\_\_\_ Date: \_\_\_\_\_ TB Results: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

**MEDICATION**

**Actemra (tocilizumab)**

162mg  Syringe  Autoinjector  
 80mg/4mL Vial  
 200mg/10mL Vial  
 400mg/20mL Vial  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Amjevita (adalimumab-atto)**

Single-dose prefilled SureClick autoinjector: 40 mg/0.8 mL  
 Single-dose prefilled syringe: 20 mg/0.4 mL  
 Single-dose prefilled syringe: 40 mg/0.8 mL  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Avsola (infliximab-axxq)**

100 mg vials  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Benlysta (belimumab)**

200mg  Syringe  Autoinjector  
 120mg vial  
 400mg vial  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Cimzia (certolizumab pegol)**

(6) 200mg starter kit  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_  
 (2) 200mg  Syringe  Vial  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Cosentyx (secukinumab)**

75mg Prefilled Syringe  
 150mg  Pen  Prefilled Syringe  
 2X150mg Pack (300mg)  Pen  Prefilled Syringe  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Enbrel (etanercept)**

25mg  Syringe  Vial  
 50mg  Syringe  SureClick™ Pen  Mini™ Cartridge  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Humira (adalimumab)**

10mg/0.2mL Prefilled Syringe Pediatric  
 20mg/0.4mL Prefilled Syringe Pediatric  
 40mg/0.8mL  Pen  Prefilled Syringe  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Humira citrate free (adalimumab)**

10mg/0.1mL citrate free Prefilled Syringe Pediatric  
 20mg/0.2mL citrate free Prefilled Syringe Pediatric  
 40mg/0.4mL citrate free  Pen  Prefilled Syringe  
 80mg/0.8mL citrate free Pens  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Inflectra (infliximab-dyyb)**

100mg Vial  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Kezvara (sarilumab)**

150mg  Syringe  Pre-filled Pen  
 200mg  Syringe  Pre-filled Pen  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Olumiant**

2mg Tablets  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Orencia (abatacept)**

50mg Prefilled Syringe  
 87.5mg Prefilled Syringe  
 125mg  Clickject Pen  Prefilled Syringe  
 250mg Vial  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Otezla (apremilast)**

Titration Pack  
 30mg Tablets  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Remicade (infliximab)**

100mg Vial  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Renflexis (infliximab-abda)**

100mg vial  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Rinvoq (upadacitinib)**

15mg Tablet  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Rituxan (rituximab)**

100mg Vial  
 500mg Vial  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Simponi (golimumab)**

50mg  Syringe  Smartject  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Simponi Aria (golimumab)**

50mg Vial  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Skyrizi (risankizumab-rzaa)**

150mg Pen  
 150mg Prefilled Syringe  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Stelara (ustekinumab)**

45mg Prefilled  Syringe  Single-dose Vial  
 90mg Prefilled Syringe  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Taltz (ixekizumab)**

80mg  Prefilled Syringe  Autoinjector  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Tremfya (guselkumab)**

100mg/ml  
 One-Press Patient-Controlled Injector  Prefilled Syringe  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Xeljanz (tofacitinib)**

1mg/ml Oral Solution  
 5mg Tablet  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Xeljanz XR (tofacitinib)**

11mg Tablet  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Other**

\_\_\_\_\_  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_  
**Methotrexate** – Can only be ordered with other specialty meds.

2.5mg Tablet  
Directions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

I authorize, by my signature below, the dispensing of appropriate needles and syringes, in a sufficient quantity, required for the administration of injectable products by patient or caregiver. Authorization for supplies runs concurrently with the number of refills or time frame specified for the drug.

**PRESCRIBER INFORMATION**

Prescriber's name: \_\_\_\_\_ Practice/facility: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Office contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Best time to call: \_\_\_\_\_ Preferred method of contact:  Email  Phone  Fax  
State license #: \_\_\_\_\_ DEA #: \_\_\_\_\_ NPI #: \_\_\_\_\_ Medicaid UPIN #: \_\_\_\_\_

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 after their signature. I certify that the above therapy is medically necessary and that the information above is accurate to the best of my knowledge. Prescriber's signature required on one of the lines below.

Dispense as written

Substitution permitted

Date

The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-compliance with state specific requirements could result in outreach to the prescriber. The document(s) accompanying this transmission may contain confidential health information that is legally protected. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted or required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents. Drug names are the property of their respective owners.