

Rheumatology (F-R)

Patient Information	on		Prescriber +	Shipping Inform	mation		
Patient name: DOB:			Prescriber name	:			
Sex: 🗖 Female 📮 Male SSN:			NPI:				_
Language: Wt: 🛛 kg 🖾 lbs Ht: 🖾 cm 🖾 in							
Address:			Apt/Suite:	City:	State:	Zip:	
Apt/Suite: City: State: Zip:			Contact:				
Phone: Alternate:			Phone:		Alternate	e:	
Caregiver name: Relation:			Fax:				
Local phar macy: Phone: Phone:			Email:				
Insurance p lan:	If shipping to prescriber: 🗖 First Fill 📮 Always 📮 Never						
Please fax a copy of front and back of the insurance card(s).							
Clinical Information (Please fax all pertinent clinical and lab information)							
Diagnosis:M06.9 (Rheumatoid Arthritis)M08.0 (Juvenille Idiopathic Arthritis)L40.59 (Psoriatic Arthritis)							
L40.54 (Psoriatic Juvenille Arthritis) M45.9 (Ankylosing Spondylitis)							
Diagnosis Date: TB test: Yes No Negative Test Date:							
Prior Therapy Yes No Reason for Discontinuation of Ther			ару	Approximate Star		rt Date Approximate End Date	
Comorbidition			<u> </u>				
Comorbidities:							
Allergies: NKDA Other:							
Prescription Quantity Refill							
□Humira [®]				2			
citrate free				2 x 40mg/0.4mL		Pens	
(adalimumab)	injest iong sand every sand		2 X 401119/0.4111E				
□ Kevzara [®]	□Iniect 150 n	ng subq every other week	2 x	2 x 150 mg/1.14mL 2 x 200 mg/1.14mL		PFS	
(sarilumab)		ng subq every other week					
(00							
Olumiant [®]							
(baricitinib)	Take 2mg b	by mouth once daily	30 x 2mg		Tablets		
	Infuse mg IV at week 0, 2, 4 and every 4 v		veeks				
	thereafter			x 250 mg		Vials	
	RA or PsA dosing: <60kg: 500mg, 60-100kg: 750mg, >100kg: 1		,000mg	00mg			
□Orencia [®]	Infuse mg IV on week 0 only RA or PsA dosing: <60kg: 500mg, 60-100kg: 750mg, >100kg: 1,						
(abatacept)				x 250 mg		Vials 0	
(abalacepi)			,000mg	000mg			
	□ Inject 125 mg subq once weekly				D PFS		
			4 x '	4 x 125 mg/mL		□ ClickJect [™]	
	Take as directed per package instructions		55 ta	55 tablets		28-day starter pack	
🗆 Otezla [®]	Take 30 mg twice daily by mouth			·····			0
	Take 30 mg 1	twice daily by mouth	60 X .	30 mg tablets			
(apremilast)							
Please the following forms for additional medications: Actemra, Rheumatology A-R, Rheumatology S-Z							
Injection Training Provided by: Prescriber's Office HPS, skilled nursing visits to teach self administration of SQ injection and PRN if needed Other:							
Prescriber's Signature: Date:							
Substitution Permitted Dispense as Written Lauthorize Home Parenteral Services and its representatives to act as an agent to initiate and execute the insurance prior authorization process for this prescription and any future fills							
		e patient listed above. I understand that I can revoke this designa				-	

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