Rheumatology Referral Form





Fax completed form to: 833-908-1122

		PATIENT IN	FORMATION	1		
Patient Name:	Date of B				Referral Date:	
Address:				City/State/Zip		
Home Phone:	Cell Phor	nα·		City/State/Zip	Work Phone:	
Secondary Contact:		Wei	aht:		Male Female	
		Wei	yııı.		ividie Female	
Patient Diagnosis &	(ICD-10:					
Allergies:						
		<u>PROVIDER IN</u>	IFORMATIO	N		
Physician Name:	Lic.#:			DEA #:		
Practice Name:			NPI#:			
Address:			City/State/Zip:			
Office Contact: Phone:			Fax:			
Supervisory Physician (if applicable):						
Supervisory i hysici	an (ii applicable).	PLEASE .	ATTACH			
Dationt domooru	combine 0 from t/body compared all incompared courts (processing to pro-		ATTACIT			
Patient demographics & front/back copy of all insurance cards (prescription & medical) TB lab results within last 12 months (except for Prolia/Evenity)						
	sit notes, history & physical, lab & pertinent procedure results		solute neutrophil cou	nt (ANC), platele	et count, ALT and AST lab results (Actemra only)	
	tion list & list of prior medications tried and failed (with dates	o) lot			g or indication is outside of FDA guidelines	
ndv iab iesuits	within last 12 months (Infliximabs only, Orencia & Actemra on		A D O D D E D			
		NURSING & I				
Nurse Orders: Nur	rse to provide assessment, teaching, lab draws, medication ad	lministration and vascu	lar access device inser	tion and/or ma	nagement per physician orders.	
Flush Orders: NaC	10.9% - 5-10mL flush pre and post infusion and as needed $ \it H$	<i>Heparin</i> - 10units/m	ıL 0R 100un	its/mL - 3-5mL	flush after post-infusion NS flush if indicated to	maintain line
Lab Orders:		•	Date & Frequency:		•	
Lub orucis.						
	5: 1: 02 14	PRESCRIPTI			C M	
Anaphylaxis Kit: Epinephrine 0.3mg IM as needed Solu-cortef 250mg-500mg IV infusion as needed Solu-Medrol 60mg - 125mg IV infusion as needed						
(Check all that apply	<u> </u>		S Hydration 500 ml IV			
Pre-Medications:	: Acetaminophenmg POr	minutes prior to infusior	n Solu-Med	lrolmg	IV infusionminutes prior to infusion	
(Check all that apply	y) Diphenhydramine mg PO 0	DR IV infusion	minutes prior	to infusion	Other	
Supply Orders: All	I supplies for vascular access line care, drug administration kit	t(s), pump, and IV pole v	vill be provided as neo	essarv		
PRODUCT						
	PR	RESCRIPTION	INFORMAT	'ION		REFILLS
			INFORMAT	ION		REFILLS
Is this a first dose?	Yes No If No, when was last dose given?	When is patient due	for next dose?	ION		
	Yes No If No, when was last dose given?		for next dose?	ION		NONE
Is this a first dose?	Yes No If No, when was last dose given?	When is patient due	ryweeks ng/kgmg/kg	(max of 800mg) v	ria gravity- OR pump over at least 1 hour	
	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pun Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients > 100kg or based on clinical response)	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients < 10	ryweeks ng/kgmg/kg 0kg) Other:	(max of 800mg) v	ria gravity- 0R- pump over at least 1 hour	
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Is this a first dose? ACTEMRA EVENITY ILARIS	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pun Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients >100kg or based on clinical response) Round up to nearest whole vial (must choose for Medicaid pati 210mg SC injection monthly (recommended total of 12 doses) For Stills Disease including Adult Onset Stills Disease and Sy	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients <10 ients) Give exact dose ystemic Juvenile	r for next dose? ryweeks mg/kgmg/kg 0kg) Other: For Cryopyrin-Ass 150mg SC inject	(max of 800mg) v	c Syndromes (CAPS)	
ACTEMRA EVENITY ILARIS INFLIXIMAB	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pun Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients >100kg or based on clinical response) Round up to nearest whole vial (must choose for Medicaid pati 210mg SC injection monthly (recommended total of 12 doses) For Stills Disease including Adult Onset Stills Disease and Syldiopathic Arthritis	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients <10 ients) Give exact dose ystemic Juvenile ry 4 weeks	ryweeks mg/kgmg/kg Other: For Cryopyrin-Ass 150mg SC inject 2mg/kg 3r	(max of 800mg) v ociated Periodi ion for patients > ng/kg SC injection	c Syndromes (CAPS) -40kg every 8 weeks	
ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pun Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients > 100kg or based on clinical response) Round up to nearest whole vial (must choose for Medicaid pati 210mg SC injection monthly (recommended total of 12 doses) For Stills Disease including Adult Onset Stills Disease and Sy Idiopathic Arthritis 4mg/kg SC injection (max of 300mg) for patients ≥ 7.5kg ever Induction: 3mg/kg 5mg/kg 7.5mg/kg 10mg/	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients <10 ients) Give exact dose ystemic Juvenile ry 4 weeks //kg ormg IV infu	r for next dose? ryweeks mg/kgmg/kg 0kg) Other: For Cryopyrin-Ass 150mg SC inject 2mg/kg 3r sion via gravityOff	(max of 800mg) v ociated Periodi tion for patients > ng/kg SC injection pump ove	c Syndromes (CAPS) -40kg every 8 weeks n for patients 15kg-40kg every 8 weeks er at least 2 hours at weeks 0, 2, and 6	NONE
ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola Inflectra	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pun Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients > 100kg or based on clinical response) Round up to nearest whole vial (must choose for Medicaid pati 210mg SC injection monthly (recommended total of 12 doses) For Stills Disease including Adult Onset Stills Disease and Sy Idiopathic Arthritis 4mg/kg SC injection (max of 300mg) for patients ≥ 7.5kg ever Induction: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ Maintenance: 3mg/kg 5mg/kg 7.5mg/kg 1	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients <10 ients) Give exact dose ystemic Juvenile ry 4 weeks /kg or mg IV infu 10mg/kg mg IV i	ryweeks mg/kgmg/kg Other: For Cryopyrin-Ass 150mg SC inject 2mg/kg 3r	(max of 800mg) v ociated Periodi tion for patients > ng/kg SC injection pump ove	c Syndromes (CAPS) - 40kg every 8 weeks n for patients 15kg-40kg every 8 weeks	NONE
Is this a first dose? ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola Inflectra Remicade	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pun Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients > 100kg or based on clinical response) Round up to nearest whole vial (must choose for Medicaid pati 210mg SC injection monthly (recommended total of 12 doses) For Stills Disease including Adult Onset Stills Disease and Sy Idiopathic Arthritis 4mg/kg SC injection (max of 300mg) for patients ≥ 7.5kg ever Induction: 3mg/kg 5mg/kg 7.5mg/kg 10mg/	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients <10 ients) Give exact dose ystemic Juvenile ry 4 weeks //kg or mg IV infu 10mg/kg mg IV infu ients)	ryweeks mg/kgmg/kg Other: For Cryopyrin-Ass 150mg SC inject 2mg/kg 3r sion via gravityOf- nfusion via gravity-	(max of 800mg) v ociated Periodi tion for patients > ng/kg SC injection pump ove	c Syndromes (CAPS) -40kg every 8 weeks n for patients 15kg-40kg every 8 weeks er at least 2 hours at weeks 0, 2, and 6	NONE
ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola Inflectra	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pun Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients > 100kg or based on clinical response) Round up to nearest whole vial (must choose for Medicaid patie 210mg SC injection monthly (recommended total of 12 doses) For Stills Disease including Adult Onset Stills Disease and Sy Idiopathic Arthritis 4mg/kg SC injection (max of 300mg) for patients ≥ 7.5kg ever Induction: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ Maintenance: 3mg/kg 5mg/kg 7.5mg/kg 1 weeks (Note: Round to nearest 100mg for Medicaid patie If Remicade infusion tolerated, adjust infusion time according to m	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients <10 ients) Give exact dose ystemic Juvenile ry 4 weeks //kg ormg IV infu 10mg/kgmg IV innts) anulfacturer package inser	ryweeks mg/kgmg/kg Other: For Cryopyrin-Ass 150mg SC inject 2mg/kg 3r sion via gravityOf- nfusion via gravity -	(max of 800mg) v ociated Periodi tion for patients > ng/kg SC injection pump ove	c Syndromes (CAPS) -40kg every 8 weeks n for patients 15kg-40kg every 8 weeks er at least 2 hours at weeks 0, 2, and 6	NONE NONE
ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola Inflectra Remicade Renflexis	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pun Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients > 100kg or based on clinical response) Round up to nearest whole vial (must choose for Medicaid patie 210mg SC injection monthly (recommended total of 12 doses) For Stills Disease including Adult Onset Stills Disease and Stildiopathic Arthritis 4mg/kg SC injection (max of 300mg) for patients ≥ 7.5kg ever Induction: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ Maintenance: 3mg/kg 5mg/kg 7.5mg/kg 1 weeks (Note: Round to nearest 100mg for Medicaid patie If Remicade infusion tolerated, adjust infusion time according to m Induction:mg IV infusion via gravityOR	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients <10 ients) Give exact dose ystemic Juvenile ry 4 weeks //kg or mg IV infu 10mg/kg mg IV infu ints) anufacturer package inser pump over at least 30 min	ryweeks mg/kgmg/kg Other: For Cryopyrin-Ass 150mg SC inject 2mg/kg 3r sion via gravityOf nfusion via gravity t. uttes at week 0,2 and 4	(max of 800mg) v ociated Periodi ion for patients > ng/kg SC injection ? pump oveOR pum	c Syndromes (CAPS) -40kg every 8 weeks n for patients 15kg-40kg every 8 weeks er at least 2 hours at weeks 0, 2, and 6	NONE
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Is this a first dose? ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola Inflectra Remicade Renflexis ORENCIA PROLIA	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pun Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients > 100kg or based on clinical response) Round up to nearest whole vial (must choose for Medicaid patie 210mg SC injection monthly (recommended total of 12 doses) For Stills Disease including Adult Onset Stills Disease and Sy Idiopathic Arthritis 4mg/kg SC injection (max of 300mg) for patients ≥ 7.5kg ever Induction: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ Maintenance: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ weeks (Note: Round to nearest 100mg for Medicaid patie If Remicade infusion tolerated, adjust infusion time according to m Induction:mg IV infusion via gravityOR Maintenance:mg IV infusion via gravityOR 10kg to <25kg = 50mg SC injection weekly 25kg to <50k 60mg SC injection every 6 months Psoriasis Adult Subcutaneous For patients ≤ 100 kg, 45 mg SC injection initially and 4 weeks For patients > 100 kg, 90 mg SC injection initially and 4 weeks Psoriatic Arthritis Adult 45 mg SC injection initially and 4 weeks later, followed by 45 mg	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients <10 ients) Give exact dose ystemic Juvenile ry 4 weeks //kg or mg IV infu 10mg/kg	ryweeks mg/kgmg/kg Other: For Cryopyrin-Ass 150mg SC inject 2mg/kg 3r sion via gravity Of nfusion via gravity t. utes at week 0,2 and 4 minutes everyweekly 50kg or more 1	(max of 800mg) v ociated Periodi ion for patients > ng/kg SC injection ? pump oveOR pum eeks 25mg SC injection	c Syndromes (CAPS) - 40kg every 8 weeks n for patients 15kg-40kg every 8 weeks er at least 2 hours at weeks 0, 2, and 6 p over at least 2 hours every	NONE NONE
Is this a first dose? ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola Inflectra Remicade Renflexis ORENCIA PROLIA STELARA	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pun Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients > 100kg or based on clinical response) Round up to nearest whole vial (must choose for Medicaid patie 210mg SC injection monthly (recommended total of 12 doses) For Stills Disease including Adult Onset Stills Disease and Sy Idiopathic Arthritis 4mg/kg SC injection (max of 300mg) for patients ≥ 7.5kg ever Induction: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ Maintenance: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ weeks (Note: Round to nearest 100mg for Medicaid patie If Remicade infusion tolerated, adjust infusion time according to m Induction:mg IV infusion via gravityOR Maintenance:mg IV infusion via gravityOR 10kg to <25kg = 50mg SC injection weekly 25kg to <50k 60mg SC injection every 6 months Psoriasis Adult Subcutaneous For patients ≤ 100 kg, 45 mg SC injection initially and 4 weeks For patients > 100 kg, 90 mg SC injection initially and 4 weeks Psoriatic Arthritis Adult 45 mg SC injection initially and 4 weeks later, followed by 45 mg For patients with co-existent moderate-to-severe plaque psoria	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients <10 ients) Give exact dose ystemic Juvenile ry 4 weeks //kg or mg IV infu 10mg/kg	ryweeks mg/kgmg/kg Other: For Cryopyrin-Ass 150mg SC inject 2mg/kg 3r sion via gravityOf nfusion via gravity t. utes at week 0,2 and 4 minutes everyweekly 50kg or more 1 very 12 weeks very 12 weeks very 12 weeks very 12 weeks	(max of 800mg) v ociated Periodi ion for patients > ng/kg SC injection ? pump ove OR pum eeks 25mg SC injection	c Syndromes (CAPS) - 40kg every 8 weeks n for patients 15kg-40kg every 8 weeks er at least 2 hours at weeks 0, 2, and 6 p over at least 2 hours every n weekly	NONE NONE
Is this a first dose? ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola Inflectra Remicade Renflexis ORENCIA PROLIA STELARA KRYSTEXXA	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pun Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients > 100kg or based on clinical response) Round up to nearest whole vial (must choose for Medicaid patie 210mg SC injection monthly (recommended total of 12 doses) For Stills Disease including Adult Onset Stills Disease and Sy Idiopathic Arthritis 4mg/kg SC injection (max of 300mg) for patients ≥ 7.5kg ever Induction: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ Maintenance: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ weeks (Note: Round to nearest 100mg for Medicaid patie If Remicade infusion tolerated, adjust infusion time according to m Induction:mg IV infusion via gravityOR Maintenance:mg IV infusion via gravityOR 10kg to <25kg = 50mg SC injection weekly 25kg to <50k 60mg SC injection every 6 months Psoriasis Adult Subcutaneous For patients ≤ 100 kg, 45 mg SC injection initially and 4 weeks For patients > 100 kg, 90 mg SC injection initially and 4 weeks Psoriatic Arthritis Adult 45 mg SC injection initially and 4 weeks later, followed by 45 mg	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients <10 ients) Give exact dose ystemic Juvenile ry 4 weeks //kg or mg IV infu 10mg/kg	ryweeks mg/kgmg/kg Other: For Cryopyrin-Ass 150mg SC inject 2mg/kg 3r sion via gravityOf nfusion via gravity t. utes at week 0,2 and 4 minutes everyweekly 50kg or more 1 very 12 weeks very 12 weeks very 12 weeks very 12 weeks	(max of 800mg) v ociated Periodi ion for patients > ng/kg SC injection ? pump ove OR pum eeks 25mg SC injection	c Syndromes (CAPS) - 40kg every 8 weeks n for patients 15kg-40kg every 8 weeks er at least 2 hours at weeks 0, 2, and 6 p over at least 2 hours every	NONE NONE
Is this a first dose? ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola Inflectra Remicade Renflexis ORENCIA PROLIA STELARA KRYSTEXXA OTHER	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pur Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients > 100kg or based on clinical response) Round up to nearest whole vial (must choose for Medicaid patie 210mg SC injection monthly (recommended total of 12 doses) For Stills Disease including Adult Onset Stills Disease and Sy Idiopathic Arthritis 4mg/kg SC injection (max of 300mg) for patients ≥ 7.5kg ever Induction: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ Maintenance: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ weeks (Note: Round to nearest 100mg for Medicaid patie If Remicade infusion tolerated, adjust infusion time according to m Induction:mg IV infusion via gravityOR Maintenance:mg IV infusion via gravityOR 10kg to <25kg = 50mg SC injection weekly 25kg to <50k 60mg SC injection every 6 months Psoriasis Adult Subcutaneous For patients ≤ 100 kg, 45 mg SC injection initially and 4 weeks For patients > 100 kg, 90 mg SC injection initially and 4 weeks For patients with co-existent moderate-to-severe plaque psoria For KRYSTEXXA, please refer to KRYSTEXXA Order Form	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients <10 ients) Give exact dose ystemic Juvenile ry 4 weeks //kg or mg IV infu 10mg/kg mg IV infu 10m	ryweeks mg/kgmg/kg Other: For Cryopyrin-Ass 150mg SC inject 2mg/kgmg/kg 3r sion viagravity0h nfusion viagravity tt. utes at week 0,2 and 4 minutes everyweekly 50kg or more 1 very 12 weeks very 12 weeks mg SC injection initially AB	(max of 800mg) v ociated Periodi ion for patients > ng/kg SC injection R pump oveOR pum seeks 25 mg SC injection and 4 weeks later	c Syndromes (CAPS) 40kg every 8 weeks n for patients 15kg-40kg every 8 weeks er at least 2 hours at weeks 0, 2, and 6 p over at least 2 hours every n weekly r, then every 12 weeks to RITUXIMAB Order Form	NONE NONE NONE NONE
Is this a first dose? ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola Inflectra Remicade Renflexis ORENCIA PROLIA STELARA KRYSTEXXA OTHER	Yes No If No, when was last dose given? Induction: 4mg/kg IV infusion via gravityOR pun Maintenance: IV infusion of 4mg/kg 6mg/kg 8mg Every week (patients > 100kg or based on clinical response) Round up to nearest whole vial (must choose for Medicaid patie 210mg SC injection monthly (recommended total of 12 doses) For Stills Disease including Adult Onset Stills Disease and Sy Idiopathic Arthritis 4mg/kg SC injection (max of 300mg) for patients ≥ 7.5kg ever Induction: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ Maintenance: 3mg/kg 5mg/kg 7.5mg/kg 10mg/ weeks (Note: Round to nearest 100mg for Medicaid patie If Remicade infusion tolerated, adjust infusion time according to m Induction:mg IV infusion via gravityOR Maintenance:mg IV infusion via gravityOR 10kg to <25kg = 50mg SC injection weekly 25kg to <50k 60mg SC injection every 6 months Psoriasis Adult Subcutaneous For patients ≤ 100 kg, 45 mg SC injection initially and 4 weeks For patients > 100 kg, 90 mg SC injection initially and 4 weeks Psoriatic Arthritis Adult 45 mg SC injection initially and 4 weeks later, followed by 45 mg For patients with co-existent moderate-to-severe plaque psoria	When is patient due mp over at least 1 hour eve g/kg 10mg/kg 12r 2 weeks (patients <10 ients) Give exact dose ystemic Juvenile ry 4 weeks //kg or mg IV infu 10mg/kg mg IV infu 10m	ryweeks mg/kgmg/kg Other: For Cryopyrin-Ass 150mg SC inject 2mg/kgmg/kg 3r sion viagravity0h nfusion viagravity tt. utes at week 0,2 and 4 minutes everyweekly 50kg or more 1 very 12 weeks very 12 weeks mg SC injection initially AB	(max of 800mg) v ociated Periodi ion for patients > ng/kg SC injection R pump oveOR pum seeks 25 mg SC injection and 4 weeks later	c Syndromes (CAPS) 40kg every 8 weeks n for patients 15kg-40kg every 8 weeks er at least 2 hours at weeks 0, 2, and 6 p over at least 2 hours every n weekly r, then every 12 weeks to RITUXIMAB Order Form	NONE NONE NONE NONE

Prescriber's Signature

<u>Dispense as Written</u>

Print Name

Date

Prescriber's Signature Substitution Permitted **Print Name**

Date





