



Rheumatology Enrollment Form
Patient Referral/Medication Request Form

Phone: 806-324-5447 • Toll Free Phone 1-866-629-6779 • Toll Free Fax: 1-866-217-8034

Patient Information

Patient Name
Date of Birth Male Female
Address Apt #
City State Zip
Phone Home Work Cell
Social Security #
Allergies NKA
Weight kg lb
Emergency Contact Name
Phone
Please attach copy of insurance information or copy of insurance cards (both sides).

Shipping Information

Patient's Home Physician's Office
Other
Date Medication Needed

Physician Information

Physician Name
Office Contact Name
Address
City State Zip
Phone Fax
Physician Signature
Date
Dispense as written Generic substitution permitted

Diagnosis/Medical Information

ICD9 Code:
714.0 Rheumatoid Arthritis 714.1 RA w/Splenadenomegaly 714.2 Other RA
714.30 Chronic Juvenile RA 714.31 Acute Juvenile RA 720.0 Ankylosing Spondylitis
696.0 Psoriatic Arthritis Other (include code)
Treatments: Prior Current
Biologics NSAIDS Oral Corticosteroids
Phytotherapy Topicals Other:

Prescription Information

Cimzia (certolizumab pegol)
400 mg SC Weeks 0, 2, & 4
Maintenance Therapy
200mg SC every 2 weeks
400mg SC every 4 weeks
Other:
Enbrel (etanersept)
25mg MDV 25mg/0.5ml PFS
50mg/ml SureClick 50mg/ml PFS
Inject 25mg SC once weekly as directed
Inject 25mg SC twice weekly as directed
Inject 50mg SC weekly as directed
Inject 0.8mg/kg, max 50mg/week (juvenile dose)
Other:

Orencia (abatacept)
250mg vial\*\* (weight-based dosing)
Weight - kg Dose Number of Vials
<60kg 500mg 2
60-100 750mg 3
>100 1000mg 4
Sig: Give IV over 30 minutes weeks 0, 2, & 4 then every 4 weeks thereafter
\*\*Must have previously tried and failed DMARDS (e.g. MTX, Arava, others) AND at least one of the biologic DMARD of Enbrel, Humira, Kineret, or Remicade.
\*\*Do not use concomitantly with TNF blocking agent.
Remicade (infliximab)
100mg vial (weight-based dosing)
Sig:

Humira (adalimumab)
40mg/0.8ml, PEN (2 pens/box)
40mg/0.8ml, PFS (2 pfs/box)
Inject 20mg SC every other week (juvenile dose)
Inject 40mg SC every other week
Other:
Kineret (anakinra)
100mg PFS
Inject 100mg/0.67ml SC once daily
Other:

Rituxan (rituximab)
100mg vial 500mg vial
1000mg IV on days 1 and 15
Other:
Premedicate Methylprednisolone 100mg IV 30 min. prior to dose.
Simponi (golimumab)
50mg/0.5ml SmartJect 50mg/0.5ml PFS
Inject 50mg SC once/month

Dispense:
Quantity
Refill times

Need Supplies: Please specify
Ancillary supplies/kits provided as needed for administration.