Rheumatology Referral Form





Fax comple	ted form to:					an	amerita cor	mpany
		PAT	TIENT INFO	DRMATION	Ī			
Patient Name:		Date of Birth:				Referral Date:		
Address:					City/State/Zip			
Home Phone:		Cell Phone:			<u> </u>	Work Phone:		
Secondary Contact:		Height:	Weigh	t:		Male Female		
Patient Diagnosis &								
Allergies:								
PROVIDER INFORMATION								
Physician Name:		Lic.#:	<u> </u>	014111111	DEA #:			
Practice Name:					NPI#:			
Address:					City/State/Zip	,		
Office Contact:		Phone:			City/State/Lip	Fax:		
Supervisory Physician (if applicable):								
PLEASE ATTACH								
Patient demographics & front/back copy of all insurance cards (prescription & medical) To lab regular within leat 13 months (prescription & medical)								
	sit notes, history & physical, lab & pertinent procedu		I D I d I			ept for Prolia/Evenity)		
	tion list & list of prior medications tried and failed (w					t count, ALT and AST lab results (A		
	within last 12 months (Infliximabs only, Orencia & Ac		Lette	r of medical necessi	ty if drug dosing	or indication is outside of FDA gu	uidelines	
NURSING & LAB ORDERS								
Nurse Orders: Nur	se to provide assessment, teaching, lab draws, medi							
						Ough afterward influsion NC flush	:6: - d: t - d t	sintain lina
	10.9% - 5-10mL flush pre and post infusion and as n	needed <i>Heparii</i>			ITS/ML - 3-5ML	flush after post-infusion NS flush	ir indicated to ma	aintain iine
Lab Orders:				te & Frequency:				
PRESCRIPTION ORDERS								
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 appl	y) Diphenhydramine mg IV in:	fusion as neede	d NS F	lydration 500 ml IV	infusion over 30	minutes as needed	Other	
Pre-Medications:	Acetaminophenmg PO	minute	s prior to infusion	Solu-Med	Irolmg	IV infusionminutes pri	or to infusion	
(Check all that appl	y) Diphenhydramine mg	PO OR	IV infusion	minutes prior	to infusion	Other		
Supply Orders: Al	I supplies for vascular access line care, drug administ	tration kit(s), pu	mp, and IV pole wil	l be provided as ned	essary			
PRODUCT		PRESC	CRIPTION I					REFILLS
	Yes No. If No. when was last dose given?		CRIPTION	NFORMAT				REFILLS
ls this a first dose?	Yes No If No, when was last dose given?	\		NFORMAT				
	Induction: 4mg/kg IV infusion over at least 1 hour e	everyweeks	Vhen is patient due fo	INFORMAT or next dose?	ION			REFILLS
	Induction: 4mg/kg IV infusion over at least 1 hour of Maintenance: IV infusion of 4mg/kg 6mg/kg	everyweeks kg 8mg/kg	When is patient due fo	r next dose?		ver at least 1 hour		
Is this a first dose?	Induction: 4mg/kg IV infusion over at least 1 hour e Maintenance: IV infusion of 4mg/kg 6mg/k Every week (patients > 100kg or based on clinical re	everyweeks kg 8mg/kg esponse) 2 w	When is patient due for 10mg/kg 12mg eeks (patients < 100kg	r next dose?	ION	ver at least 1 hour		
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Is this a first dose? ACTEMRA EVENITY	Induction: 4mg/kg IV infusion over at least 1 hour of Maintenance: IV infusion of 4mg/kg 6mg/k Every week (patients >100kg or based on clinical re Round up to nearest whole vial (must choose for Me 210mg SC injection monthly (recommended total of 12 of For Stills Disease including Adult Onset Stills Disease	everyweeks kg 8mg/kg esponse) 2 wedicaid patients) doses) ase and Systemi	Mhen is patient due for 10mg/kg 12mg eeks (patients < 100kg Give exact dose	r next dose?	(max of 800mg) o	Syndromes (CAPS)	s	
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Is this a first dose? ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola Inflectra Remicade Renflexis ORENCIA PROLIA STELARA KRYSTEXXA OTHER	Induction: 4mg/kg IV infusion over at least 1 hour of Maintenance: IV infusion of 4mg/kg 6mg/kg 1 hour of	everyweeks kg 8mg/kg esponse) 2 we dicaid patients) doses) ase and Systemi 17.5kg every 4 wee 10mg/kg or g/kg 10mg/k ording to manufact minutes at week 0 t 30 minutes every kg to <50kg 87.5 dd 4 weeks later, fo ad 4 weeks later, fo ed by 45 mg SC inj aque psoriasis wei	When is patient due for 10mg/kg 12mg eeks (patients < 100kg Give exact dose ic Juvenile eks mg IV infusion g mg IV infuturer package insert. 1,2 and 4 // weeks //	r next dose?	(max of 800mg) ociated Periodicion for patients > ng/kg SC injection at weeks 0, 2, and ours every	Syndromes (CAPS) 40kg every 8 weeks for patients 15kg-40kg every 8 week 6weeks (Note: Round to nearest 100 a weekly then every 12 weeks o RITUXIMAB Referral Form	Omg)	NONE NONE NONE
Is this a first dose? ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola Inflectra Remicade Renflexis ORENCIA PROLIA STELARA KRYSTEXXA OTHER	Induction: 4mg/kg IV infusion over at least 1 hour of Maintenance: IV infusion of 4mg/kg 6mg/k Every week (patients > 100kg or based on clinical re Round up to nearest whole vial (must choose for Me 210mg SC injection monthly (recommended total of 12 For Stills Disease including Adult Onset Stills Disease Induding Adult Onset Stills Disease Induction: 3mg/kg 5mg/kg 7.5mg/kg Maintenance: 3mg/kg 5mg/kg 7.5mg/kg Maintenance: 3mg/kg 5mg/kg 7.5mg/kg Maintenance: mg IV infusion over at least 30 r Maintenance: mg IV infusion over at least 30 r Maintenance: mg IV infusion over at least 10kg to <25kg = 50mg SC injection weekly 25l 60mg SC injection every 6 months Psoriasis Adult Subcutaneous For patients ≤ 100 kg, 45 mg SC injection initially an For patients > 100 kg, 90 mg SC injection initially an Psoriatic Arthritis Adult 45 mg SC injection initially and 4 weeks later, follower For patients with co-existent moderate-to-severe places.	everyweeks kg 8mg/kg esponse) 2 we dicaid patients) doses) ase and Systemi 17.5kg every 4 wee 10mg/kg or g/kg 10mg/k ording to manufact minutes at week 0 t 30 minutes every kg to <50kg 87.5 dd 4 weeks later, fo ad 4 weeks later, fo ed by 45 mg SC inj aque psoriasis wei	When is patient due for 10mg/kg 12mg eeks (patients < 100kg Give exact dose ic Juvenile eks mg IV infusion g mg IV infuturer package insert. 1,2 and 4 // weeks //	r next dose?	(max of 800mg) ociated Periodicion for patients > ng/kg SC injection at weeks 0, 2, and ours every	Syndromes (CAPS) 40kg every 8 weeks for patients 15kg-40kg every 8 week 6weeks (Note: Round to nearest 100 a weekly then every 12 weeks o RITUXIMAB Referral Form	Omg)	NONE NONE NONE
Is this a first dose? ACTEMRA EVENITY ILARIS INFLIXIMAB Avsola Inflectra Remicade Renflexis ORENCIA PROLIA STELARA KRYSTEXXA OTHER	Induction: 4mg/kg IV infusion over at least 1 hour of Maintenance: IV infusion of 4mg/kg 6mg/kg 1 hour of	everyweeks kg 8mg/kg esponse) 2 we dicaid patients) doses) ase and Systemi 17.5kg every 4 wee 10mg/kg or g/kg 10mg/k ording to manufact minutes at week 0 t 30 minutes every kg to <50kg 87.5 dd 4 weeks later, fo ad 4 weeks later, fo ed by 45 mg SC inj aque psoriasis wei	When is patient due for 10mg/kg 12mg eeks (patients < 100kg Give exact dose ic Juvenile eks mg IV infusion g mg IV infuturer package insert. 1,2 and 4 // weeks //	r next dose?	(max of 800mg) ociated Periodicion for patients > ng/kg SC injection at weeks 0, 2, and ours every	Syndromes (CAPS) 40kg every 8 weeks for patients 15kg-40kg every 8 week 6weeks (Note: Round to nearest 100 a weekly then every 12 weeks o RITUXIMAB Referral Form	Omg)	NONE NONE NONE



Substitution Permitted

Dispense as Written