

New/Changed Dose
**Rheumatology (H-O) Humira®, Kevzara®, Olumiant®,
Orencia®, Otezla®, Otrexup™**
Prescriber Information

Prescriber Name _____ MD DO NP PA NPI _____
 Office Contact _____ Practice Name / Collaborating MD _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patient's Name _____ Last 4 Digits of SS# _____ DOB / /
 Sex M F Weight _____ Height _____ Diabetic? Y N
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work/Cell _____ HIPAA Contact _____
 Emergency # _____
 Interpreter Needed? Y N | Allergies Y N If Yes, list allergies _____

Insurance Information

Primary Insurance _____ Policy ID _____ Group# _____
 BIN _____ PCN _____
 Policyholder Name _____ Policyholder DOB / /

Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES, AND LAB VALUES

Diagnosis M32.9 Active Systemic Lupus Erythematosus M45.9 Ankylosing Spondylitis
 M08.0 Juvenile Idiopathic Arthritis L40.59 Psoriatic Arthritis L40.54 Psoriatic Juvenile Arthritis
 M06.9 Rheumatoid Arthritis M45.A _____ Non-Radiographic Axial Spondyloarthritis
 M31. _____ Giant Cell Arteritis Other _____

Date Diagnosis / / Date of Neg. TB Test / /

Any prior treatment? Y N If Yes, provide information below.

Prior Therapy _____

Reason for Discontinuation of Therapy _____ Approx. Start Date / /
 Approx. End Date / /

Comorbidities _____

Concomitant Medications _____

Allergies NKDA Other _____

Prescription Information

Medication	Quantity/Dose	Sig	Refills
HUMIRA® *Adults Pen PFS	1 carton (2x40 mg/0.4 ml) 2 cartons (4x40 mg/0.4 ml) 1 carton (2x80 mg/0.8 ml) - PEN ONLY	Inject 40 mg SQ every other week Inject 40 mg SQ every week Inject 80 mg SQ every other week	
HUMIRA® *Pediatrics age 2+ Pen PFS	1 carton (2x10 mg/0.1 ml) - PFS ONLY 1 carton (2x20 mg/0.2 ml) - PFS ONLY 1 carton (2x40 mg/0.4 ml)	Weight 10 kg (22 lbs) to < 15 kg (33 lbs): Inject 10 mg SQ every other week Weight 15 kg (33 lbs) to < 30 kg (66 lbs): Inject 20 mg SQ every other week Weight ≥ 30 kg (66 lbs): Inject 40 mg SQ every other week	
KEVZARA® Pen PFS	1 carton (2x200 mg/1.14 ml) 1 carton (2x150 mg/1.14 ml)	Inject 200 mg SQ every 2 weeks Inject 150 mg SQ every 2 weeks	
OLUMIANT®	2 mg tablet (30 day supply)	Take 1 tablet by mouth once daily	
ORENCIA® *Adults Clickject® PFS	1 carton (4x125 mg/ml)	Maintenance Dose: Inject 125 mg SQ once every week	
ORENCIA® *Pediatrics	1 carton (4x125 mg/ml) Clickject® Pen 1 carton (4x125 mg/ml) PFS 1 carton (4x87.5 mg/0.7 ml) 1 carton (4x50 mg/0.4 ml)	Weight 10-24 kg: Inject 50 mg SQ once every week Weight 25-49 kg: Inject 87.5 mg SQ once every week Weight 50 kg+: Inject 125 mg SQ once every week	
OTEZLA®	Starter Pack: 10/20/30 mg tablets (55 tabs for 28 days)	Starter Dose: Take as directed per package instructions	No Refill
	30 mg tablet (60 tablets)	Maintenance Dose: Take 1 tablet (30 mg) by mouth twice daily	
OTREXUP™	1 carton (4x10 mg/0.4 ml) 1 carton (4x12.5 mg/0.4 ml) 1 carton (4x15 mg/0.4 ml) 1 carton (4x17.5 mg/0.4 ml) 1 carton (4x20 mg/0.4 ml) 1 carton (4x22.5 mg/0.4 ml) 1 carton (4x25 mg/0.4 ml)	Inject _____ mg SQ every week	

Injection Training

Patient received injection training Prescriber's office to provide injection training
Community Memorial Healthcare to coordinate injection training

By signing this form and utilizing our services, you are authorizing Community Memorial Healthcare and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature _____
Date _____

Substitution Permitted

Prescriber Signature _____
Date _____

Dispense as Written

If brand is required, please write
"DAW" in the box to the right.