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Specialty Pharmacy Rheumatoid Order Form

Date Medication Needed: _____ First Delivery to: Home OR MD Office Subsequent Delivery to: Home OR MD Office

Patient Information			
Last Name:	First Name:		
Date of Birth:	Social Security:	Male	Female
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:		
Insurance:	Policy #:	*Please include copy of insurance card*	

Clinical:			
Diagnosis/ICD-10 Code:	Ht / Wt / Allergies:		
Has the patient tried and failed? Methotrexate Sulfalazine NSAIDs Other:	Active TB is ruled out? Yes No		

Rx Prescription:				
Medication	Dose/Strength	Directions	Qty	Refills
COSENTYX ®	150mg/ml Pre-Filled Syringe 150mg/ml Sensoready Pen	Initial: Inject 150mg Subcutaneously at weeks 0-4 Initial: Inject 300mg Subcutaneously at weeks 0-4 Maintenance: Inject 150mg SQ every 4 weeks Maintenance: Inject 300mg SQ every 4 weeks		
ACTEMRA ®	80 mg/4 mL vial 200 mg/10 mL vial 400 mg/20 mL vial 162mg/0.9ml Auto-Injector	IV: Infuse _____ mg via IV every 4 weeks SQ: Inject 162mg SQ every other week SQ: Inject 162mg SQ every week		
CIMZIA ®	200 mg/mL PFS Kit 200 mg/mL Starter Kit 200 mg/mL Vial Kit	INITIAL: Inject 400mg SQ at Day 1, Day 14, and Day 28 MAINTENANCE: Inject 400mg SQ every 4 weeks MAINTENANCE: Inject 200mg SQ every 4 weeks		
ENBREL ®	25 mg PFS 25 mg Vial 50 mg PFS 50 mg SureClick® Autoinjector	Inject 50mg SQ weekly Inject 50mg SQ twice weekly 72-96 hrs apart Inject 25mg SQ twice weekly 72-96 hrs apart		
HUMIRA ®	40 mg/0.8 mL PFS 40 mg/0.4 mL Pen 40 mg/0.8 mL Pen	MAINTENANCE: Inject 40mg SQ every other week MAINTENANCE: Inject 40mg SQ weekly		
ORENCIA ®	125 mg/mL PFS 50 mg/0.4 mL PFS 125 mg/mL ClickJect™ Autoinjector 87.5 mg/0.7 mL PFS	INITIAL: Infuse _____ mg via IV, then inject 125mg SQ within 24hrs MAINTENANCE: Inject 125mg SQ weekly		
OTEZLA ®	Titration Start Pk Maintenance Bridge Dose Pack	Day 1: Take 10 mg PO QAM, Day 2: Take 10 mg PO BID, Day 3: Take 10 mg PO QAM & 20 mg QPM, Day 4: Take 20 mg PO BID, Day 5: Take 20 mg PO QAM & 30 mg QPM, Day 6 and after: Take 30 mg PO BID Take 30mg twice daily Take 30mg once daily		
OTREXUP ®	10mg Auto-injector 12.5mg Auto-injector 15mg Auto-injector 17.5mg Auto-injector 20mg Auto-injector 22.5mg Auto-injector 25mg Auto-injector	Inject Subcutaneously every week		
SIMPONI ®	50 mg/0.5 mL PFS Smartject® Autoinjector (50 mg/0.5 mL)	Inject 50mg Subcutaneously once a month		
STELARA ®	45 mg/0.5 mL PFS 90 mg/mL PFS	INITIAL: Inject 45mg SQ on Day 0 & Day 28 MAINTENANCE: Inject 45mg SQ every 12 weeks INITIAL: Inject 90mg SQ on Day 0 & Day 28 MAINTENANCE: Inject 90mg SQ every 12 weeks		
RASUVO ®	7.5mg 10mg 12.5mg 15mg 17.5mg 20mg 22.5mg 25mg 27.5mg 30mg	Inject Subcutaneously once a week		
METHOTREXATE ®	2.5mg tablet 25mg/ml Inj. Solution	Take _____ mg orally every week Inject _____ ml SC every 7 days the same each week		
XELJANZ ®	5mg tablets 11mg tablets XR	Take 5mg PO BID Take 11mg XR once daily		
OTHER:				

MD Signature: _____ Date: _____

MD Name (Printed): _____ NPI: _____ DEA: _____

Phone: _____ Fax: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____