RX BIOTECH SPECIALTY PHARMACY
an aureus company

P: 800.657.2212 • F: 888.601.0049
www.RxBiotech.com

Rheumatology (P-Z)

Rasuvo®, Remicade®, Rituxan®, Simponi®, Simponi Aria®, Stelara®, Xeljanz®, Xeljanz XR®, Other

Physician Information

Send updates to: ◯ Fax: _____ ◯ Email: _____ ◯ Text: _____

Prescriber Name:		◯MD ◯DO ◯NP ◯PA	NPI:
Office Contact:	Practice name/Supervising 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:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? ◯ Y ◯ N		

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 ◯ H20 Iridocyclitis (Uveitis) ◯ Other:

Date of Diagnosis: / /	Date of Negative TB Test: / /	Any prior treatment? ◯ Yes ◯ No (provide information below)

Prior Therapy	Reason for Discontinuation of Therapy	Approximate Start Date	Approximate End Date

Comorbidities:	Concomitant Medications:

Allergies: ◯ NKDA ◯ Other:

TREATMENT ARRANGEMENTS:	Ship Meds: ◯ Home ◯ Doctor's Office	Start Date: / /	*Counseling and education provided the RxBiotech Clinical Team

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
◯ **RASUVO®** Autoinjector (box of 4)	◯ 7.5mg/.15ml ◯ 20mg/.4ml ◯ 10mg/.20ml ◯ 25mg/.5ml ◯ Other:	◯ Inject _____ mg SQ once a week	28 Day Supply	
◯ **REMICADE®**	◯ Exact Dose ◯ Round dose up/down to nearest 100mg	◯ Infuse _____ mg/kg in 250NS over 2hrs at week 0, 2, 6 and then every 8 weeks. ◯ Other Regimen: _____ **Titrated infusion rate will be used unless otherwise noted: 10ml/hr x 15min; 20ml/hr x 15min; 40ml/hr x 15min; 80ml/hr x 15min; 150ml/hr x 30 min*	QS for each infusion	
◯ **RITUXAN®**	◯ 500mg vial x2	◯ Infuse 1000mg I.V. over 4–6 hrs on day 1 and 15 (given in combination with MTX)	4 Vials	
◯ **SIMPONI®**	◯ 50mg/0.5ml PFS ◯ 50mg/0.5ml Autoinjector	◯ Inject 50mg SQ ONCE a month	4-Week Supply	
◯ **SIMPONI ARIA™**	◯ 50mg/4ml vial	◯ Infuse _____ mg I.V. over 30 min at weeks 0 and 4, then every 8 weeks	QS for each infusion	
◯ **STELARA®** Eligible for self-injection: ◯ Yes ◯ No	◯ 45 mg/0.5 mL (≤100 kg) ◯ 90 mg/1 mL (>100 kg)	**Starter:** ◯ Inject 45 mg/0.5 mL Sub-Q on Day 1 ◯ Inject 90 mg/1 mL Sub-Q on Day 1 Maintenance: ◯ 45 mg/0.5 mL Sub-Q on Day 29 and every 12 weeks thereafter Maintenance: ◯ 90 mg/1 mL Sub-Q on Day 29 and every 12 wekes thereafter	1 PFS	
◯ **XELJANZ®**	◯ 5mg tablet	◯ Take 5mg by mouth TWICE daily	30 Day Supply	
◯ **XELJANZ® XR**	◯ 11mg tablet	◯ Take 11mg by mouth once daily	30 Day Supply	
◯ Other:				

Injection Training

◯ Patient received injection training ◯ Prescriber's office to provide injection training ◯ RxBiotech to coordinate injection training

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

Physician Signature:	Date

Substitution Permitted

Physician Signature:	Date

Dispense as Written