Rheumatoid Arthritis Prescription Referral Form O-Z

3233 Corporate Ct. Ellicott City, MD 21042

Patient Information	LIFELIN	Send your Rx to: Fax Number: 410-203-1515 Phone Number: 410-203-1010	4 666 4 LIPPLINE N. 1. 10003/0404 '	If you have questions or concerns, please contact us.		
Patient Name: Sect Male Pamale Height:	Date Medication Needed: Ship To: Patient's Home Prescriber's Office Pick-up (store location):					
Peter Name						
Soc. Sec. #. Preferred Phone:			Sex: Male Female Height: Weight:	☐ lbs. [kg.	
Alternate Caregiver Name: Preferred Phone:	_				_ 、	
Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical) **Preventer Information** **Preventer Information** **Preventer Information** **Provider Name:						
Insurance Information Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)						
Provider Name:						
Provider Name:						
Address:	2: Prescriber Information					
Signature Sign	Provider Name	:	DEA#: NPI#: Tax ID#:			
Si Diagnosis Clinical Information PleaseFAX recent clinical notes, Labs, Tests with the prescription to expedite the Prior Authorization	Address:		Phone: Fax:			
Diagnosis: ICD-10 Code Is patient currently on RA therapy? Yes No No TSPPD test given? Yes No No SeriousActive Infection? Yes No Medications: Prior failed medications (medication and duration of treatment/lesson for dic)	City, State, Zip:		Key Contact: Phone:			
Diagnosis: ICD-10 Code Is patient currently on RA therapy? Yes No No TSPPD test given? Yes No No Serious/Active Infection? Yes No No Medications: Prior failed medications (medication and duration of treatment/yeason for dic) Patient Support and Injection Training Authorization	3: Diagnosis/Clinical Information Please FAX recent clinical notes abs Tests with the prescription to expedite the Prior Authorization					
TBPPD test given? Yes No Serious/Active Infection? Yes No Medications: Prior failed medications (medications and duration of treatment/reason for dro.						
Prior failed medications (medication and duration of treatment/reason for d/c) Patient Support and Injection Training Authorization Institute of the Company of the Company of the Company of Program that partials is the prescribed through. The purpose of this emollines is to assist the patient and the company of the patient and the patient and the patient and the patient and the patient patient and the patient patient and the patient patient and the patient						
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In receiving services, like injection training and administration of the herapy by a nurse. The patient also authorizes the pharmacy to transmit any pertinent information that the manufacturer needs to research and decisional purposes. The patient can reveal this authorization to the patient above the submitted mobile and the patient above to the patient above						
effectively provide the medications and services that are available with the therapy, as well as, to use unidentifiable data to conduct market research. The manufacturer may contact me with information for does be by writing a later to clifting speciality Parmays at 223 Corporate Occur. Ellicort City, Mp. 21092. 4.PPESCFIPTION Information Xeljanz NOT to be used in combination with biologic DMARD'S Medication Dose/Strength Sig Qty Refills Orencia 125mg Click.let 125 mg PFS Inject 125 mg SC once a week Dose/Strength Orencia 125mg Click.let 125 mg PFS Inject 125 mg SC once a week Dose/Strength Orencia 250mg Visits Dose/Strength Maintonance Dose: Take one 30mg tablet orally twice daily Dose/Strength Orexup 15 mg 15mg 17.5mg 20mg 22.5mg 25mg Inject mg SQ weekly Dose/Strength	in receiving servic	es, like injection training and administration of the therapy by a nurse. The patient also au	thorizes the pharmacy to transmit any pertinent information that the manufacturer	needs to	,	
A: Prescription Information Xojanz NOT to be used in combination with biologic DMARD's Sig Qty. Refills	effectively provide the medications and services that are available with the therapy, as well as, to use unidentifiable data to conduct market research. The manufacturer may contact me with information for					
Medication Dose/Strength Sig Qty. Refills			stion with his logic DMADD's			
Olumiant 2mg		<u> </u>		Qtv	Refills	
Orencia 125mg ClickJet 125 mg PFS Inject 125 mg SC once a week			- "	٠.,	Tronns	
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Rasuvo	Otrexup	12.5mg 15mg 17.5mg 20mg 22.5mg 25mg	Inject mg SQ weekly			
Rasuvo	Pen Needles	31 gauge 6mm				
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Remicade 100 mg Vials Infusemg SQ everyweeks Infusemg everymonths Infusemg IV everyweeks, repeatmg everymonths Other:		-	Inject mg SQ weekly			
Rinvoq 15 mg tablet	Pomicado	400 mm Viola	Infuse mg at week 0, 2, 6, and then every 8 weeks thereafter			
Rituxan 100mg/10ml 500mg/50ml Infusemg IV everyweeks, repeatmg everymonths Other: Simponi 50 mg SmartJet 50 mg PFS Aria Infusemg at weeks 0, 2, and 6 and every 8 weeks thereafter 100 mg SmartJet 100 mg PFS Infusemg at weeks 0, 2, and 6 and every 8 weeks thereafter Infusemg at weeks 0, 2, and 6 and every 8 weeks thereafter Infusemg at weeks 0, 2, and 6 and every 8 weeks thereafter Infusemg at weeks 0, 2, and 6 and every 8 weeks thereafter Infusemg on day 0, then 4 weeks, then every 12 weeks Inject _mg SC every _weeks Inject _mg SC every 4 weeks Inject _mg SC every 6 weeks Inject _mg SC every 8 weeks Inject _mg SC every 8 weeks Inject _mg SC every 8 weeks Inject _mg SC every 9 there week Inject _m	Keilicade	100 mg viais	Infuse mg SQ every weeks	1		
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Simponi 50 mg SmartJet 50 mg PFS Aria Infuse mg once a month as directed Infuse mg at weeks 0, 2, and 6 and every 8 weeks thereafter Infuse mg at weeks 0, 2, and 6 and every 8 weeks thereafter Infuse mg on day 0, then 4 weeks, then every 12 weeks Inject mg on day 0, then 4 weeks, then every 12 weeks Inject mg SC every weeks Inject 160mg on day 1, then 80mg every weeks Maintenance Dose: Inject 80 mg SC every 4 weeks Starting Dose: Inject 100 mg SC at weeks 0 and 4 Maintenance Dose: Inject 100 mg SC every 8 weeks Inject mg SC every 8 weeks Inject mg SC every 9 weeks Inject mg SC every 8 weeks Inject mg SC every 8 weeks Inject mg SC every 9 weeks Inject 160mg on day 1, 80mg on day 15, then mg every week Inject 160mg on day 1, 80mg on day 15, then mg every week Inject 160mg on day 1, 80mg on day 15, then mg every week Inject 160mg on day 1, 80mg on day 15, then mg every week Inject 160mg on day 1, 80mg on day 15, then mg every week Inject 160mg on day 1, 80mg on day 15, then mg every week Inject 160mg on day 1, 80mg on day 15, then mg every week Inject 160mg on day 1, 80mg on day 15, then mg every week Inject 160mg on day 1, 80mg on day 15, then mg every week Inject 160mg on day 1, 80mg on day 15, then mg every week Inject 160mg on day 1, 80mg on day 15, then mg every week Inject 160mg on day 1, 80mg on day 10,	Rituxan	100mg/10ml 500mg/50ml				
Simponi 100 mg SmartJet 100 mg PFS	1	50 mg Smort let 50 mg DEC Asia		-	+-	
Stelara 45mg PFS (<100kg) 90mg PFS (>100kg)	Simponi	· · ·				
Taltz 80mg Auto 80mg PFS lnject 160mg on day 1, then 80mg every weeks Maintenance Dose: Inject 80 mg SC every 4 weeks Maintenance Dose: Inject 100 mg SC at weeks 0 and 4 Maintenance Dose: Inject 100 mg SC at weeks 0 and 4 Maintenance Dose: Inject 100 mg SC every 8 weeks Yuflyma 40mg/0.4ml Auto 40mg/0.4ml PFS lnject 80mg SC every other week Inject 80mg SC once, then 40mg every other week Inject 160mg on day 1, 80mg on day 15, thenmg everyweek Xeljanz 5mg Tablets 10mg Tablets Take 1 tablet by mouth twice daily Patient Signature: Date:	Stolara			+	†	
Maintenance Dose: Inject 80 mg SC every 4 weeks Tremfya 100 mg PFS 100 mg Auto Starting Dose: Inject 100 mg SC at weeks 0 and 4 Maintenance Dose: Inject 100 mg SC every 8 weeks Yuflyma 40mg/0.4ml Auto 40mg/0.4ml PFS Inject 80mg SC every other week Inject 80mg SC once, then 40mg every other week Inject 160mg on day 1, 80mg on day 15, thenmg everyweek Xeljanz 5mg Tablets 10mg Tablets Take 1 tablet by mouth twice daily Take 1 tablet by mouth daily Patient Signature:	Stelala	431119 FF3 (<100kg) 901119 FF3 (>100kg)		₩	<u> </u>	
Tremfya 100 mg PFS 100 mg Auto Starting Dose: Inject 100 mg SC at weeks 0 and 4 Maintenance Dose: Inject 100 mg SC every 8 weeks Yuflyma 40mg/0.4ml Auto 40mg/0.4ml PFS Injectmg SC every other week Inject 80mg SC once, then 40mg every other week Inject 160mg on day 1, 80mg on day 15, thenmg everyweek Xeljanz Smg Tablets 10mg Tablets Take 1 tablet by mouth twice daily Take 1 tablet by mouth daily Patient Signature: Date:	Taltz	80mg Auto 80mg PFS	, , , , , , , , , , , , , , , , , , , ,			
Maintenance Dose: Inject 100 mg SC every 8 weeks Yuflyma	Tromfuo	100 mg DEC 100 mg Auto	, , ,	+	+	
Yusimry 40mg/0.8ml Inject 80mg SC once, then 40mg every other week Inject 160mg on day 1, 80mg on day 15, thenmg everyweek Xeljanz 5mg Tablets 10mg Tablets Take 1 tablet by mouth twice daily Xeljanz XR 11mg Tablets Take 1 tablet by mouth daily Patient Signature: Date:	Treilliya	100 Hig FFS 100 Hig Auto	Maintenance Dose: Inject 100 mg SC every 8 weeks	↓	↓	
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Xeljanz XR 11mg Tablets Take 1 tablet by mouth daily Patient Signature: Date:	Yusimry	40mg/0.8ml	Inject 160mg on day 1, 80mg on day 15, thenmg everyweek			
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