RHEUMATOID ARTHRITIS PRESCRIPTION FORM (Part 1)

Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy.
Prescribers are reminded patients may choose any pharmacy of their choice.

Owl Specialty Pharmacy
1010 E. Arrow Hwy., Covina, CA 91724
Phone: 626-209-8169 Fax: 626-209-8171 or 855-817-9523
www.owlspecialty.com

Patient Information: please provide a copy of the patient's insurance card or information					
Patient Name:	**DOB:**	**Gender:** ☐ F ☐ M		**HT:**	**WT:**
Address:	**City:**	**State:**	**Zip Code:**		**Phone:**
Insurance:	**Subscriber's name:**	**ID#:**			**Group #:**
Allergies: ☐ NKDA ☐ List allergies:					

Clinical Diagnosis: please fax or email relevant clinical notes, labs, tests and previous medical history to expedite prior authorization					
Diagnosis / ICD-10:	**Date of Diagnosis or Years with Disease:**			**□ Mild □ Moderate □ Severe**	
Has patient been previously treated for this condition? □ Yes □ No	**Is patient currently on therapy?** □ Yes □ No		**Will patient terminate current therapy upon start of new prescription?** □ Yes □ No		
Previous Therapy (dates):					
Is the patient taking methotrexate? □ Yes □ No	**Latex allergy:** □ Yes □ No	**BMD/T-Site & Score & Date:**	**TB/PPD Test:** □ **Yes** □ **No** **Results:**		

Medication	Dose / Strength	Directions	Quantity	Refills
□ **Actemra**	□ **Prefilled syringe** 162 mg/0.9 mL □ **Iv** □ 80mg □ 200mg □ 400mg	□ Inject 1 Syringe SC once weekly □ Inject 1 Syringe every other week □ Infuse IV every four weeks: _____mgs	4 week supply	
□ **Benlysta Injection**	□ 200 mg/ml Autoinjector	□ Inject 200 mg SC once weekly	4 week supply	
□ **Benlysta Infusion**	□ 400 mg Vial # of Vials _____ □ 120 mg Vial # of Vials _____	□ Infuse _____ mg IV on week 0, 2 and 4 (Loading) □ Infuse _____ mg IV every 4 weeks (Maintenance)		
□ **Cimzia**	□ 200 mg Starter Kit (6x200 mg PFS) □ 2 x 200 mg prefilled syringe	□ Inject 400 mg SC once. Repeat weeks 2 and 4 □ Inject 200 mg SC once every 2 weeks □ Inject 400 mg SC once every 4 weeks	4 week supply	
□ **Cosentyx**	□ 150 mg/mL single-use prefilled **syringe** □ 150 mg/mL Sensoready **pen**	□ 300 mg SC injection at weeks 0, 1, 2, 3, and 4. □ 300 mg SC injection every 4 weeks **Psoriatic arthritis**, administer with or without a loading dosage: □ With a loading dosage is 150 mg at weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter. □ Without a loading dosage is 150 mg every 4 weeks. **Ankylosing Spondylitis**, administer with or without a loading dosage: □ With a loading dosage is 150 mg at weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter □ Without a loading dosage is 150 mg every 4 weeks.	4 week supply	
□ **Enbrel**	□ 25 mg prefilled syringe □ 50 mg/mL SureClick Autoinjector □ 50 mg/mL prefilled syringe □ 50 mg/mL solution in Enbrel Mini™ single-dose prefilled cartridge for use with the AutoTouch™ reusable autoinjector only	□ Inject 25 mg SC twice weekly, 72-96 hours apart □ Inject 50 mg SC once weekly □ Other:	4 week supply	
□ **Humira Citrate Free**	□ 40 mg/0.4 mL pens □ 40 mg/0.4 mL prefilled syringe	□ Inject 40 mg SC every other week □ Inject 40 mg SC once weekly	4 week supply	
□ **Kevzara**	□ 150 mg/1.14 mL prefilled syringe □ 200 mg/1,14 mL prefilled syringe	□ Inject 200 mg SC once every 2 weeks	4 week supply	

Prescriber Information				
Prescriber name:	**Phone:**	**Office contact name:**		
Prescriber address:	**City:**	**State:**	**Zip:**	
NPI:	**DEA:**	**Email / Fax:**		
Signature:		**Date:**	□ **DO NOT SUBSTITUTE**	

Important Notice: This facsimile transmission is intended to be delivered only to the named recipient(s), and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named recipient, immediately notify the sender at the address and phone number set forth herein and obtain instructions as to properly dispose of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except authority of the sender to the named addressee.