RHEUMATOID ARTHRITIS PRESCRIPTION FORM

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.

altScripts Specialty Pharmacy

1636 Miller Park Way, West Milwaukee, WI 53214

Phone: 414-385-9500 Fax: 414-385-7200

www.altscripts.com

Patient Information: please provide a copy of the patient's insurance card or information

Date:	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**	□ 162 mg/0.9 ml PFS	□ Inject 1 Syringe SQ once weekly □ Inject 1 Syringe SQ every other week	4 week supply	
□ **Cimzia**	□ 200 mg Starter Kit (6x200 mg PFS) □ 2 x 200 mg Prefilled Syringe	□ Inject 400 mg SQ once. Repeat weeks 2 and 4 □ Inject 200 mg SQ once every 2 weeks □ Inject 400 mg SQ once every 4 weeks	4 week supply	
□ **Cosentyx**	☐ 150 mg/ml single-use prefilled syringe ☐ 150 mg/ml Sensoready pen	□ Plaque psoriasis OR psoriatic arthritis, with coexistent moderate to severe plaque psoriasis: 300 mg by subcutaneous injection at weeks 0, 1, 2, 3, and 4 followed by 300 mg 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. □ If a patient continues to have active psoriatic arthritis, consider a dosage of 300 mg. 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	□ Inject 25 mg twice weekly, 72-96 hours apart □ Inject 50 mg SQ once weekly □ Other:	4 week supply	
□ **Forteo**	□ 600 mcg/2.4 ml Prefilled Syringe	□ Inject 20 mcg SQ as directed once daily	4 week supply	
□ **Humira**	□ 40 mg/0.8 ml Pen □ 40 mg/0.8 ml Prefilled Syringe	□ Inject 40 mg SQ every other week □ Inject 40 mg SQ once weekly	4 week supply	
□ **Kevzara**	□ 150 mg/1.14 ml Prefilled Syringe □ 200 mg/1.14 ml Prefilled Syringe	□ Inject 200 mg SQ once every 2 weeks	4 week supply	
□ **Orencia**	□ 125 mg/ml Prefilled Syringe (4) □ 250 mg/15 ml vial (IV only)	□ Inject 125 mg SQ once weekly □ Infuse_____mg IV every 4 weeks	_____ syringes _____ vials	
□ **Otezla**	□ Starter Pack □ 30 mg tablets	□ Take as directed □ Take 1 tablet twice daily	□ 1 pack (2 week supply) □ 60 tablets	
□ **Otrexup**	Single-dose auto-injector □ 7.5 mg □ 10 mg □ 12.5 mg □ 15 mg □ 17.5 mg □ 20 mg □ 22.5 mg □ 25 mg	□ RA: 7.5 mg once weekly □ pJIA: 10 mg/m2 once weekly □ Psoriasis: 10 to 25 mg once weekly		
□ **Prolia**	□ 60 mg Prefilled Syringe	□ Inject 60 mg SQ once every 6 months		
□ **Rasuvo**	Single-dose manually-triggered auto-injector □ 7.5 mg □ 10 mg □ 12.5 mg □ 15 mg □ 17.5 mg □ 20 mg □ 22.5 mg □ 25 mg □ 27.5 mg □ 30 mg	□ RA: 7.5 mg once weekly □ pJIA: 10 mg/m2 once weekly □ Psoriasis: 10 to 25 mg once weekly		
□ **Remicade**	□ 100 mg/20 ml vial			
□ **Rituxan**	□ 10 mg/ml			
□ **Simponi**	□ 50 mg/0.5 ml Prefilled Syringe □ 50 mg/0.5 ml Autoinjector	□ Inject 50 mg SQ once a month	4 week supply	
□ **Stelara**	□ 45 mg Prefilled Syringe □ 90 mg Prefilled Syringe	□ Inject SQ weeks 0, 4 and every 12 weeks thereafter	4 week supply	
□ **Supartz**	□ 25 mg Prefilled Syringe	□ Inject 25 mg / 2.5 ml intra-articularly into knee once weekly for a total of 5 injections		
□ **Xeljanz**	□ 5 mg tablets □ 11 mg ER tablets	□ Take 5 mg PO twice daily □ Take 11 mg PO once daily	4 week supply	

Physician Information

Prescriber name:	Phone:	Office contact name:

Prescriber address:	City:	State:	Zip:

NPI:	DEA:	Fax and/or Email:

Prescriber signature:	Date:	□ DO NOT SUBSTITUTE