

RHEUMATOID ARTHRITIS PRESCRIPTION FORM

Lumicera Specialty Pharmacy

Phone: (855) 847-3553 Fax: (855) 847-3558



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

Patient:	DOB	Gender	Phone		
Address	City	State	Zip Code	Weight	

Clinical Diagnosis: Please fax or email clinical notes, labs, tests and previous medical history to expedite prior authorization

Diagnosis/ICD-10:

Is patient taking Methotrexate: Y / N	<input type="checkbox"/> Patient's Current Regimen? _____	Current therapy discontinued when starting the below medication? Y / N
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Prior Therapies: Please include biologics, MTX, and trials, including dates of treatment and reasons for discontinuation.

Medication	Dose/Strength	Directions	Quantity	Refills
<input type="checkbox"/> Actemra	<input type="checkbox"/> 162mg / mL prefilled syringe <input type="checkbox"/> 162mg / mL pen	<input type="checkbox"/> Inject 162mg under the skin once every 7 days (weight >220lbs) <input type="checkbox"/> Inject 162mg under the skin once every 14 days (weight <220lbs)		
<input type="checkbox"/> Benlysta	<input type="checkbox"/> 200mg / mL prefilled syringe <input type="checkbox"/> 200mg / mL pen	<input type="checkbox"/> Inject 200mg under the skin once every 7 days		
<input type="checkbox"/> Cimzia	<input type="checkbox"/> 200mg / mL prefilled syringe (2pack)	<input type="checkbox"/> Starter Dose: Inject 400mg under the skin on weeks 0; week 2; week 4 <input type="checkbox"/> Maintenance Dose: Inject 200mg under the skin once every 14 days <input type="checkbox"/> Maintenance dose - Inject 400mg under the skin once every 28 days		
<input type="checkbox"/> Cosentyx	<input type="checkbox"/> 150mg / mL prefilled syringe <input type="checkbox"/> 150mg / mL pen	<input type="checkbox"/> Starter Dose: Inject 150mg under the skin once weekly for 5 weeks <input type="checkbox"/> Maintenance Dose: Inject 150mg under the skin once every 28 days		
<input type="checkbox"/> Enbrel	<input type="checkbox"/> 25 mg/ mL Vial (latex free) <input type="checkbox"/> 50 mg/mL SureClick Autoinjector <input type="checkbox"/> 50 mg/mL prefilled syringe <input type="checkbox"/> 50 mg/mL Enbrel Mini	<input type="checkbox"/> Inject 25mg under the skin twice weekly <input type="checkbox"/> Inject 50 mg SC once weekly Other:		
<input type="checkbox"/> Humira	<input type="checkbox"/> 80 mg / 0.8 ml pen or prefilled syringe <input type="checkbox"/> 40 mg / 0.4 ml pen or prefilled syringe	<input type="checkbox"/> Inject 40mg under the skin once every 14 days <input type="checkbox"/> Inject 40 mg under the skin every 7 days <input type="checkbox"/> Inject 80 mg under the skin every 14 days		
<input type="checkbox"/> Kevzara	<input type="checkbox"/> 150mg / mL pen or prefilled syringe <input type="checkbox"/> 200mg / mL pen or prefilled syringe	<input type="checkbox"/> Inject 150mg under the skin once every 14 days <input type="checkbox"/> Inject 200mg under the skin once every 14 days		
<input type="checkbox"/> Olumiant	<input type="checkbox"/> 2 mg tablets	<input type="checkbox"/> Take 1 tablet (2 mg) by mouth once daily		
<input type="checkbox"/> Orencia	<input type="checkbox"/> 125mg / mL prefilled syringe <input type="checkbox"/> 125mg / mL pen	<input type="checkbox"/> Inject 125mg under the skin once every 7 days		
<input type="checkbox"/> Rinvoq	<input type="checkbox"/> 15 mg tablets	<input type="checkbox"/> Take 1 tablet (15 mg) by mouth once daily		
<input type="checkbox"/> Simponi	<input type="checkbox"/> 50mg / mL pen or prefilled syringe	<input type="checkbox"/> Inject 50 mg under the skin once every 28 days		
<input type="checkbox"/> Skyrizi	<input type="checkbox"/> 150 mg/ 1 mL prefilled syringe <input type="checkbox"/> 150 mg/ 1 mL pen	<input type="checkbox"/> Loading dose - Inject 150 mg SC Week 0, Week 4 <input type="checkbox"/> Maintenance dose - Inject 150 mg SC every 12 weeks		
<input type="checkbox"/> Stelara	<input type="checkbox"/> 45 mg/ 0.5 mL prefilled syringe <input type="checkbox"/> 90 mg/ 1 mL prefilled syringe	<input type="checkbox"/> Loading dose: Inject 45 mg SC days 0, 28 and then every 12 weeks <input type="checkbox"/> Loading dose: Inject 90 mg SC days 0, 28 and then every 12 weeks <input type="checkbox"/> Maintenance Dose: Inject 1 syringe SC every 12 weeks		
<input type="checkbox"/> Taltz	<input type="checkbox"/> 80 mg/ mL prefilled syringe <input type="checkbox"/> 80 mg / mL pen	<input type="checkbox"/> Loading Dose: Inject 160 mg SC (two 80 mg injections) week 0, then 80 mg every 28 days thereafter <input type="checkbox"/> Maintenance Dose: Inject 80 mg under the skin every 4 weeks		
<input type="checkbox"/> Tremfya	<input type="checkbox"/> 100 mg / mL prefilled syringe	<input type="checkbox"/> Loading Dose: 100 mg under the skin on day 0 and 28, then every 8 weeks <input type="checkbox"/> Maintenance Dose: 100 mg under the skin every 8 weeks		
<input type="checkbox"/> Xeljanz	<input type="checkbox"/> 5 mg tablets <input type="checkbox"/> 11 mg XR tablets	<input type="checkbox"/> Take 1 tablet (5 mg) by mouth twice daily <input type="checkbox"/> Take 1 tablet (11 mg) by mouth once daily		

Prescriber Information

Prescriber Name	Phone	Fax:		
Prescriber Address	City	State	Zip	
NPI or DEA	Office Contact/Email:			
Signature	Date	Dispense as written		