Lumicera® Health Services

Rheumatoid Arthritis Prescription Form

p (855) 847-3553 | f (855) 847-3558

PATIENT INFORMATION

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

Patient Name	DOB	Gender	Weight	Phone
Address	City		State	ZIP

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? ☐ Yes ☐ No
Patient's Current Regimen	Current therapy discontinued when starting the below medications? ☐ Yes ☐ No	
Prior Therapies *please include biologics, MTX, and trials including dates of treatment and reasons for discontinuation*		

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

PRESCRIBER INFORMATION

Prescriber Name	Phone	Fax	NPI/DEA	
Address	City		State	ZIP
Office Contact		Office Email		
Signature			Date	DAW