



RHEUMATOLOGY REFERRAL FORM

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- Phone Order
Ship to Patient:
Home Work
Ship to:
Physician Office
Nurse / Training
APS Pharmacy

Patient Name, Address, Telephone, Allergies, Comorbidities, Date of Birth, Sex, State, Zip, Email, SSN, Insurance, ID#, Group #, Employer, City, State, Phone

Primary Insurance, Insured's Name, City, State, Phone, ID#, Employer, Group #

ICD-10 Diagnosis Code, Previously treated for this condition, Medication(s) failed, Patient currently taking Methotrexate, Rheumatoid Factor Positive, Total Swollen Joints, For Forteo: T-Score, Date, Fracture History: Site, Date

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

KEVZARA (sarilumab) 200 mg/1.14 mL PFS, 150 mg/1.14 mL PFS. Dispense: Inject 150 mg subcutaneously every other week. QTY: 2 Refill: _____

COSENTYX (interferon gamma-1B) 150 mg Sensorready Pen, 150 mg Prefilled Syringe. Starting Dose: Weeks 0, 1, 2, 3, and 4, then once every 4 weeks. Maintenance Supply: Once every 4 weeks.

HUMIRA (adalimumab) PEN 40 mg/0.8 mL, HUMIRA PFS 40 mg/0.8 mL, HUMIRA Citrate-Free PEN 40 mg/0.4 mL, HUMIRA Citrate-Free PFS 40 mg/0.4 mL. SIG: Inject 40mg SQ every OTHER week.

ENBREL (etanercept) SureClick Autoinjector 50mg, Prefilled Syringe 25mg, Multiuse Vial 25mg, Prefilled Syringe 50mg, Enbrel Mini/AutoTouch 50mg. SIG: 50mg once weekly, 25mg twice weekly.

FORTEO (denosumab) 600mcg/2.4ml Pen. SIG: Inject 20mcg SQ Daily as directed. QTY: 4 week supply Refill: _____

KINERET (anakinra) 100mg/0.67 mL PFS. SIG: Inject 100mg (0.67ml) SQ QD. QTY: 4 week supply Refill: _____

ORENCIA (tocilizumab) 125mg PFS, 250mg Vial, 125mg ClickJect. SIG: Inject 125mg SC weekly. For patients weighing < 60kg, Infuse 500mg at weeks 0, 2 and 4, then every 4 weeks thereafter.

RITUXAN (rituximab) 100mg/10ml Vial, 500mg/50ml Vial. SIG: Infuse 1000mg on day 1 and day 15, repeat course every 24 weeks.

TYMLOS (lacosamide) 1.56 mL Prefilled Multi-Dose Pen. SIG: Inject 80mcg subcutaneously once a day.

PROLIA (denosumab) 60mg PFS. SIG: Inject 60mg subcutaneously every 6 months.

RECLAST (tocilizumab) 5mg/100ml Vial, 5mg IV once yearly. SIG: Inject 5mg IV once yearly.

BENLYSTA (belimumab) 120mg Vial, 400mg Vial. SIG: Induction Dose: Inject 10mg/kg SC every 2 weeks for first 3 doses.

RELISTOR (sulfasalazine) PreFilled Syringe: 8mg, 12mg, Tablet: 150mg tablet. SIG: _____ QTY: _____ Refill: _____

OLUMIANT (baricitinib) SIG: Take one tablet by mouth once daily. QTY: 30 Refill: _____

OTEZLA (ozanimod) Prescriber Provided 2 Week Starter Pack Sample, 28-day Starter Pack, Maintenance. SIG: Take As Directed* Only available for the 28-day Starter Pack*.

REMICADE (tocilizumab) 100mg Vial Dose: 5mg/kg, mg/kg. SIG: IV on weeks 0, 2 and 6 (Induction), IV every 8 weeks (Maintenance Dose).

SIMPONI (tocilizumab) SmartJect PEN 50mg/0.5mL, PFS 50mg/0.5mL. SIG: Inject 50mg subcutaneously once per month. QTY: 1 month supply Refills: _____

SIMPONI ARIA (tocilizumab) 50mg/4ml (12.5mg/ml) in a single use vial. SIG: Inject 2mg/kg intravenous infusion over 30 minutes at weeks 0 and 4, then every 8 weeks.

XELJANZ (tofacitinib citrate) 5mg tablet. SIG: Take one tablet by mouth twice daily. QTY: _____ Refill: _____

XELJANZ XR (tofacitinib citrate) 11mg tablet. SIG: Take one tablet by mouth once daily. QTY: _____ Refill: _____

RASUVO (leflunomide) 7.5mg autoinjector, 7.5mg tablet. SIG: Take 7.5mg tablet once weekly. Inject 7.5mg subcutaneously weekly. Inject 10 mg/m^2 subcutaneously weekly (pJIA only).

STELARA (ustekinumab) 45mg PFS, 90mg PFS. SIG: For patients weighing < 100kg (220lbs): Inject 45mg SC initially and 4 weeks later, followed by 45mg every 12 weeks.

CIMZIA (certolizumab pegol) 200mg/1ml PFS, PFS Starter Kit. SIG: Initial Dose: Inject 400mg SQ on day 1, at week 2 & at week 4.

TALTZ (ixekicimab) 80mg Autoinjector, Prefilled Syringe. SIG: Starting Dose: Inject 160mg SQ at week 0 followed by 80mg at week 4.

OTHER SIG: _____ QTY: _____ Refill: _____

Prescriber's Name / Practice, Address, Tel, License#, Prescriber's Signature, Office Contact, Suite#, City, State, Zip, Email, UPIN#, DEA#, Date