



RHEUMATOLOGY REFERRAL FORM

Date Needed _____

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

Patient Name, Address, Telephone, Allergies, Current Medications, Date of Birth, Apt #, City, State, Zip, Email, SSN, Comorbidities

Primary Insurance, RxBIN, Member ID, Rx PCN, Rx Grp, Member Services Number, Provider Services Number

ICD-10 Diagnosis Code, Previously treated for this condition, 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
Inject 200 mg subcutaneously every other week

COSENTYX 150 mg Sensoready 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 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

ENBREL (etanercept) SureClick Autoinjector 50mg | Prefilled Syringe 25mg
Multiuse Vial 25mg (injection supplies included) | Prefilled Syringe 50mg

FORTEO 600mcg/2.4ml Pen | If applicable, enroll patient in FORTEO Connect
Inject 20mcg SQ Daily as directed QTY: 4 week supply Refill:
BD - 31G x 5mm PEN NEEDLES use as directed w/Forteo pen QTY: 100 (1 box) Refill:

KINERET (anakinra) 100mg/0.67 mL PFS | If applicable, enroll patient in KINERET ON TRACK
Inject 100mg (0.67ml) SQ QD QTY: 4 week supply Refill:

ORENCIA (carton of 4 autoinjectors) 125mg PFS | 250mg Vial | 125mg ClickJect
Inject 125mg SC weekly
< 60kg Infuse 500mg at weeks 0, 2 and 4, then every 4 weeks thereafter
60 - 100kg Infuse 750mg at weeks 0, 2 and 4, then every 4 weeks thereafter
> 100kg Infuse 1000mg at weeks 0, 2 and 4, then every 4 weeks thereafter

RITUXAN 100mg/10ml Vial | 500mg/50ml Vial
Infuse 1000mg on day 1 and day 15, repeat course every 24 weeks

TYMLOS 1.56 mL Prefilled Multi-Dose Pen | 80mcg subcutaneously once a day

PROLIA 60mg PFS | Inject 60mg subcutaneously every 6 months

RECLAST 5mg/100ml Vial | 5mg IV once yearly

BENLYSTA 120mg Vial | 400mg Vial
Induction Dose: Inject 10mg/kg SC every 2 weeks for first 3 doses
Maintenance Dose: Inject 10mg/kg SC every 4 weeks

RELISTOR PreFilled Syringe: 8mg | 12mg | 150mg tablet

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

OTEZLA Prescriber Provided 2 Week Starter Pack Sample | 28-day Starter Pack | Maintenance
Take As Directed* Only available for the 28-day Starter Pack*
Take 30 mg once daily
Take 30 mg twice daily

REMICADE 100mg Vial Dose: 5mg/kg | mg/kg Patient Weight (kg):
IV on weeks 0, 2 and 6 (Induction)
IV every 8 weeks (Maintenance Dose)
IV every weeks

SIMPONI SmartJect PEN 50mg/0.5mL | PFS 50mg/0.5mL
Inject 50mg subcutaneously once per month QTY: 1 month supply Refills:

SIMPONI ARIA 50mg/4ml (12.5mg/ml) in a single use vial
Inject 2mg/kg intravenous infusion over 30 minutes at weeks 0 and 4, then every 8 weeks
Patient Weight (kg): # of vials Refills:

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

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

RASUVO 7.5mg autoinjector | 7.5mg tablet
Take 7.5mg tablet once weekly QTY: 4 Refill:
Inject 7.5mg subcutaneously weekly QTY: 4 Refill:
Inject 10 mg/m2 subcutaneously weekly (pJIA only) Patient Weight (kg): QTY: 4 Refill:

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

CIMZIA 200mg/1ml PFS | PFS Starter Kit | If applicable, enroll patient in CIMplicity
Initial Dose: Inject 400mg SQ on day 1, at week 2 & at week 4
Maintenance Dose: Inject 200mg SQ every OTHER week QTY: 4 week supply Refill:
Maintenance Dose: Inject 400mg SQ every 4 weeks QTY: 4 week supply Refill:

TALTZ 80mg Autoinjector | Prefilled Syringe
Starting Dose: Inject 160mg SQ at week 0 followed by 80mg at week 4
Maintenance Dose: Inject 80mg SQ every 4 weeks QTY: Refill:
Sharps Container | If applicable, enroll patient in Taltz Together

OTHER QTY: Refill:

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

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