



60 Market Center Dr. #103, Collierville, TN 38017
 O: 901.316.5752 TP: 855.344.8724 F: 901.316.5760 TF: 844.588.5560
 beneverepharmacy.com

TODAY'S DATE: _____

NEW PATIENT CURRENT PATIENT

Inflammatory Arthritis Referral Form

PATIENT INFORMATION

Patient Name _____
 Address _____
 City _____ State _____ ZIP _____
 Home Phone _____ Cell _____
 DOB _____ SSN _____
 Drug Allergies _____ Male Female

PRESCRIBER INFORMATION

Prescriber Name _____ DEA _____
 NPI# _____ Tax ID _____
 Practice Name _____
 Address _____ Suite _____
 City _____ State _____ ZIP _____
 Office Phone _____ Fax _____

COMPLETE OR FAX FRONT AND BACK COPIES OF INSURANCE, PRESCRIPTION AND/OR CO-PAY ASSISTANCE CARDS

Primary Prescription Insurance _____ Secondary Prescription Insurance (if applicable) _____
 Insurance Phone _____ Insurance Phone _____

CLINICAL INFORMATION

Primary diagnosis _____ ICD-10 code _____ Patient weight _____ lbs or kgs (please circle) TB/PPD Test Given? Yes No
 Prior Treatments: 5-ASA Azathioprine Azulfidine Celebrex Corticosteroids Gold Salts Immunosuppressants MTX NSAIDS Penicillamine Plaquenil
 Previous biologic _____ Other _____
 Currently on a biologic? Yes No How long? _____ Date of last dose ____/____/____ This Rx is: New therapy Continuing previous treatment on this agent

DRUG NAME	DIRECTIONS FOR USE (PLEASE CHECK ONE OR MORE)	QUANTITY	REFILLS
<input type="checkbox"/> Actemra® <input type="checkbox"/> 162mg Prefilled Syringe <input type="checkbox"/> 162mg Pen	<input type="checkbox"/> < 100kg, Inject 162mg subcutaneously every other week <input type="checkbox"/> ≥ 100kg, Inject 162 mg subcutaneously every week		
<input type="checkbox"/> Cimzia® 200mg Prefilled Syringe	<input type="checkbox"/> Induction: Inject 400 mg subcutaneously on day 1, week 2, and week 4 <input type="checkbox"/> Maintenance: Inject 200mg subcutaneously every other week <input type="checkbox"/> Maintenance: Inject 400mg subcutaneously every 4 weeks		
<input type="checkbox"/> Cosentyx® <input type="checkbox"/> 150mg Sensorready Pen <input type="checkbox"/> 150mg Prefilled Syringe	<input type="checkbox"/> Induction: Inject _____mg subcutaneously at weeks 0,1,2, and 3 <input type="checkbox"/> Maintenance: Inject _____mg subcutaneously every 4 weeks	28 Day Supply	0
<input type="checkbox"/> Enbrel® <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg	<input type="checkbox"/> Sureclick Autoinjector <input type="checkbox"/> Prefilled syringe <input type="checkbox"/> Mini		
<input type="checkbox"/> Humira® Citrate Free <input type="checkbox"/> Pens (40mg) <input type="checkbox"/> Prefilled syringe	<input type="checkbox"/> Inject subcutaneously weekly <input type="checkbox"/> Other _____		
<input type="checkbox"/> Kevzara® <input type="checkbox"/> 150mg <input type="checkbox"/> 200mg	<input type="checkbox"/> Inject 20mg subcutaneously every other week <input type="checkbox"/> Inject 40mg subcutaneously every other week		
<input type="checkbox"/> Kevzara® <input type="checkbox"/> 150mg <input type="checkbox"/> 200mg	<input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Pen		
<input type="checkbox"/> Olumiant® <input type="checkbox"/> 2mg Tablet	<input type="checkbox"/> One tablet once daily	30 Day Supply	
<input type="checkbox"/> Orencia® <input type="checkbox"/> 250mg Vial <input type="checkbox"/> 125mg Prefilled syringe <input type="checkbox"/> 125mg ClickJect	<input type="checkbox"/> Infusion: Initial dose _____ mg intravenously (no refill) <input type="checkbox"/> Subcutaneous: Inject 125mg subcutaneous weekly (first dose, one day after infusion)		
<input type="checkbox"/> Otezla®	<input type="checkbox"/> Starter Pack: Take per package directions. <input type="checkbox"/> Maintenance: Take 30mg by mouth twice a day. <input type="checkbox"/> Bridge: Take 30mg by mouth twice a day, dispensed by OSP. Titration date _____	28 Day Supply 30 Day Supply 14 Day Supply	0 12
<input type="checkbox"/> Otrexup® <input type="checkbox"/> 10mg <input type="checkbox"/> 12.5mg <input type="checkbox"/> 15mg <input type="checkbox"/> 17.5mg <input type="checkbox"/> 20mg <input type="checkbox"/> 22.5mg <input type="checkbox"/> 25mg	Inject 1 pen subcutaneously every week		
<input type="checkbox"/> Rasuvo® <input type="checkbox"/> 7.5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 12.5mg <input type="checkbox"/> 15mg <input type="checkbox"/> 17.5mg <input type="checkbox"/> 20mg <input type="checkbox"/> 22.5mg <input type="checkbox"/> 25mg <input type="checkbox"/> 27.5mg <input type="checkbox"/> 30mg	Inject 1 pen subcutaneously every week		
<input type="checkbox"/> Simponi® 50mg/0.50ml	<input type="checkbox"/> SmartJect™ <input type="checkbox"/> Prefilled syringe		
<input type="checkbox"/> Stelara®	<input type="checkbox"/> ≤100kg, Inject 45 mg subcutaneously day 1, week 4, and then every 12 weeks <input type="checkbox"/> >100kg, Inject 90 mg subcutaneously day 1, week 4, and then every 12 weeks	28 Day Supply 84 Day Supply	0
<input type="checkbox"/> Taltz® <input type="checkbox"/> 80mg Prefilled syringe <input type="checkbox"/> 80mg Pen	<input type="checkbox"/> Starting Dose: Inject under the skin two 80 mg injections on Day 1. <input type="checkbox"/> Starting Dose w/ Induction: Inject under the skin two 80 mg injections on Day 1, then begin first induction dose 2 weeks later. <input type="checkbox"/> Induction Dose: Inject under the skin one 80 mg injection every 2 weeks (weeks 4-10) <input type="checkbox"/> Final Induction Dose: Inject under the skin one 80 mg injection (week 12). <input type="checkbox"/> Maintenance Dose: Inject under the skin one 80 mg injection every 4 weeks.	2 3 2 1 1	0 0 1 0
<input type="checkbox"/> Xeljanz®	<input type="checkbox"/> Take 5mg tablet twice daily	30 Day Supply	
<input type="checkbox"/> Xeljanz XR®	<input type="checkbox"/> Take 11mg tablet once daily		

Deliver to: Patient's Home
 Physician's Office
 1st dose to MD's Office, remaining refills to patient's home

Training: Patient has received injection training
 Physician's office to provide injection training
 Pharmacy to coordinate injection training

Prescriber's Signature (signature required. NO STAMPS) _____ Date _____

By signing this form and utilizing our services, you are authorizing Benevere and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

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