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TODAY'S DATE:	
☐ NEW PATIENT	CURRENT PATIENT

## RHEUMATOLOGY INFUSION ORDER FORM

	IENT INFORMATION			RESCRIBER INFO		
Patient Name			Prescriber Name		Lic#	
			DE/(ii)	T	ax ID	
City	StateZip	)	Practice Name			
Home Phone	Cell		Address		Suit	e
DOB	SSN		City	Stat	teZip_	
Drug Allergies	D	lale   Female	Office Phone	F:	ax	
	INSURANCE,	MEDICARE 0	R MEDICAID INFOR	MATION		
Primary Insurance			Secondary Insurance (if a	pplicable)		
			Insurance Phone			
		CLINICAL IN	NFORMATION			
Primary Diagnosis	ICD-	-9 Da+i	ent Weight   Ihs or I	ras (please circle) TD	PPD test given?	Yes □ No
			-		_	
Prior Treatments: ☐ 5-ASA ☐	Azathioprine Azulfidine Celebro	ex □ Corticosteroio	ds    ⊔ Gold Salts    ⊔ Immunosı	uppressants □ MTX □	NSAIDS   Penicilla	ımine ∐ Plaquı
☐ Previous biologic						
Additional medical justificati	on					
Currently on biologic? □ Ye	s □ No How long?: Dat	te of last dose:	/ / This R>	(is: □ NewTherapy	☐ Continuing pre	vious treatmer
	s □ No How long?:Dat					vious treatmer
	s   No How long?:Dat tion training   Physician's office					vious treatmer
	tion training   □ Physician's office	e to provide inject		Rx to coordinate injec		vious treatmer
□ Patient has received injec	tion training	e to provide inject	tion training 🛭 Benevere I	Rx to coordinate injec	QUANTITY	REFILLS
□ Patient has received injec	PRESCRIPT	e to provide inject  ION ORDERS  very 4 weeks	tion training	Rx to coordinate injec	ction training	
□ Patient has received injec	tion training	e to provide inject  ION ORDERS  very 4 weeks	tion training	Rx to coordinate injec	QUANTITY  30 Day Supply	REFILLS
□ Patient has received injec  DRUG NAME  Actemra (tocilizumab)	PRESCRIPT  Infusemg once e Dispense:   Induction dose:mg	ION ORDERS  very 4 weeks 2 200mg vials  every weeks 0, 2,	tion training	Rx to coordinate injec	QUANTITY	REFILLS
□ Patient has received injec  DRUG NAME  Actemra (tocilizumab)	PRESCRIPT  Infusemg once e Dispense:   80mg vials	ION ORDERS  very 4 weeks 2 200mg vials  every weeks 0, 2,	tion training	Rx to coordinate injec	QUANTITY  30 Day Supply	<b>REFILLS</b> Refills
☐ Patient has received inject  DRUG NAME  Actemra (tocilizumab)  Orencia (abatacept)	PRESCRIPT  Infusemg once e Dispense:   Induction dose:mg Maintenance dose:mg Induction dose:mg	ION ORDERS  very 4 weeks 2 200mg vials  every weeks 0, 2,  every 4 weeks t  every weeks 0, 2,	tion training    Benevere I  (PLEASE CHECK ONE OR  400mg vials  and 4  thereafter	Rx to coordinate injec	QUANTITY  30 Day Supply	<b>REFILLS</b> Refills
☐ Patient has received inject  DRUG NAME  Actemra (tocilizumab)  Orencia (abatacept)	PRESCRIPT  Infusemg once eduction dose:mg Maintenance dose:mg	ION ORDERS  very 4 weeks 2 200mg vials  every weeks 0, 2,  every 4 weeks t  every weeks 0, 2,	tion training    Benevere I  (PLEASE CHECK ONE OR  400mg vials  and 4  thereafter	Rx to coordinate injec	QUANTITY  30 Day Supply  30 Day Supply	REFILLS Refills Refills
☐ Patient has received inject  DRUG NAME  Actemra (tocilizumab)  Orencia (abatacept)  Remicade (infliximab)	PRESCRIPT  Infusemg once e Dispense:   Induction dose:mg Maintenance dose:mg Induction dose:mg	e to provide inject  ION ORDERS  very 4 weeks 1 200mg vials  every weeks 0, 2, every 4 weeks t  every weeks 0, 2, every 4 weeks t	tion training    Benevere I  (PLEASE CHECK ONE OR  400mg vials  and 4  thereafter	Rx to coordinate injec	QUANTITY  30 Day Supply  30 Day Supply	REFILLS Refills Refills
☐ Patient has received inject  DRUG NAME  Actemra (tocilizumab)  Orencia (abatacept)  Remicade (infliximab)	PRESCRIPT  Infusemg once educe bispense:   80mg vials   Induction dose:mg Maintenance dose:	e to provide inject  ION ORDERS  very 4 weeks  2 200mg vials  every weeks 0, 2, every 4 weeks t  every weeks 0, 2, every 4 weeks t  1 and Day 15	tion training    Benevere I  (PLEASE CHECK ONE OR  400mg vials  and 4  thereafter	Rx to coordinate injec	QUANTITY  30 Day Supply  30 Day Supply  30 Day Supply	REFILLS  Refills  Refills
☐ Patient has received inject  DRUG NAME  Actemra (tocilizumab)  Orencia (abatacept)  Remicade (infliximab)  Rituxan (rituximab)	PRESCRIPT  Infusemg once e Dispense: □ 80mg vials □  Induction dose:mg Maintenance dose:mg Maintenance dose:mg Induction dose:mg Maintenance dose:mg Maintenance dose:mg Maintenance dose:mg On Day	e to provide inject  ION ORDERS  very 4 weeks 1 200mg vials  every weeks 0, 2, every 4 weeks t every weeks 0, 2, 1 every 4 weeks t 1 and Day 15 500mg vials	tion training	Rx to coordinate injec	QUANTITY  30 Day Supply  30 Day Supply  30 Day Supply	REFILLS  Refills  Refills
☐ Patient has received inject  DRUG NAME  Actemra (tocilizumab)  Orencia (abatacept)  Remicade (infliximab)  Rituxan (rituximab)	Infusemg once en   Dispense:	e to provide inject  ION ORDERS  very 4 weeks 2 200mg vials  every weeks 0, 2, every 4 weeks t every weeks 0, 2, every 4 weeks t 7 1 and Day 15 500mg vials every weeks 0, 2,	tion training    Benevere I  (PLEASE CHECK ONE OR  400mg vials  and 4  thereafter  and 4  thereafter	Rx to coordinate injec	QUANTITY  30 Day Supply  30 Day Supply  30 Day Supply  30 Day Supply	REFILLS  Refills  Refills  Refills
DRUG NAME  Actemra (tocilizumab)  Orencia (abatacept)  Remicade (infliximab)  Rituxan (rituximab)	Induction dose:mg on Day Dispense:100mg vials  Infusemg once er Dispense:mg Maintenance dose:mg Maintenance dose:mg Maintenance dose:mg Infusemg on Day Dispense:100mg vialsmg Induction dose:mg	e to provide inject  ION ORDERS  very 4 weeks 2 200mg vials  every weeks 0, 2, every 4 weeks t every weeks 0, 2, every 4 weeks t 7 1 and Day 15 500mg vials every weeks 0, 2,	tion training    Benevere I  (PLEASE CHECK ONE OR  400mg vials  and 4  thereafter  and 4  thereafter	Rx to coordinate injec	QUANTITY  30 Day Supply  30 Day Supply  30 Day Supply  30 Day Supply	REFILLS  Refills  Refills  Refills
DRUG NAME  Actemra (tocilizumab)  Orencia (abatacept)  Remicade (infliximab)  Rituxan (rituximab)  Benlysta (belimumab)	PRESCRIPT  Infusemg once educe to bispense:  Induction dose:mg Maintenance dose:mg Maintenance dose:mg Maintenance dose:mg Infusemg on Day Dispense:  Induction dose:mg Maintenance dose:mg Maintenance dose:mg Maintenance dose:mg Maintenance dose:mg Maintenance dose:mg	e to provide inject  ION ORDERS  every 4 weeks 1 200mg vials  every weeks 0, 2, every 4 weeks t every weeks 0, 2, 1 and Day 15 500mg vials every weeks 0, 2, every 4 weeks t	tion training    Benevere I	Rx to coordinate injec	QUANTITY  30 Day Supply	REFILLS  Refills  Refills  Refills  Refills
DRUG NAME  Actemra (tocilizumab)  Orencia (abatacept)  Remicade (infliximab)  Rituxan (rituximab)  Benlysta (belimumab)	Infusemg once en Dispense:	e to provide inject  ION ORDERS  every 4 weeks 1 200mg vials  every weeks 0, 2, every 4 weeks t every weeks 0, 2, 1 and Day 15 500mg vials every weeks 0, 2, every 4 weeks t	tion training    Benevere I	Rx to coordinate injec	QUANTITY  30 Day Supply	REFILLS  Refills  Refills  Refills  Refills
DRUG NAME  Actemra (tocilizumab)  Orencia (abatacept)  Remicade (infliximab)  Rituxan (rituximab)  Benlysta (belimumab)  Other medications	PRESCRIPT  Infusemg once e Dispense: □ 80mg vials □  Induction dose:mg Maintenance dose:mg Maintenance dose:mg Maintenance dose:mg Infusemg on Day Dispense: □ 100mg vials □ Induction dose:mg Maintenance dose:mg Mo's Office □ 1st dose to MD's	e to provide inject  ION ORDERS  very 4 weeks 2 200mg vials  every weeks 0, 2, every 4 weeks t every weeks t 1 and Day 15 500mg vials every weeks 0, 2, every 4 weeks t 5 500mg vials every weeks t 6 Office, remaining	tion training Benevere I	Rx to coordinate inject	QUANTITY  30 Day Supply  QTY	REFILLS  Refills  Refills  Refills  Refills
DRUG NAME  Actemra (tocilizumab)  Orencia (abatacept)  Remicade (infliximab)  Rituxan (rituximab)  Benlysta (belimumab)  Other medications  eliver to:  Patient's home of the provided above is	PRESCRIPT  Infusemg once eduction dose:mg Maintenance do	e to provide inject  ION ORDERS  very 4 weeks 2 200mg vials  every weeks 0, 2, every 4 weeks t every weeks 0, 2, every 4 weeks t 7 1 and Day 15 500mg vials every weeks 0, 2, every 4 weeks t 8 Office, remaining	tion training  Benevere I  (PLEASE CHECK ONE OR  400mg vials  and 4  thereafter  and 4  thereafter  and 4  thereafter	Rx to coordinate inject  MORE)	QUANTITY  30 Day Supply  QTY	REFILLS  Refills  Refills  Refills  Refills
DRUG NAME  Actemra (tocilizumab)  Orencia (abatacept)  Remicade (infliximab)  Rituxan (rituximab)  Benlysta (belimumab)  Other medications  eliver to:  Patient's home of the provided above is rize CVS Specialty Pharmacy	PRESCRIPT  Infusemg once e Dispense: □ 80mg vials □  Induction dose:mg Maintenance dose:mg Maintenance dose:mg Maintenance dose:mg Infusemg on Day Dispense: □ 100mg vials □ Induction dose:mg Maintenance dose:mg Mo's Office □ 1st dose to MD's	e to provide inject  ION ORDERS  every 4 weeks 2 200mg vials  every weeks 0, 2, every 4 weeks t every weeks 0, 2, every 4 weeks t 7 1 and Day 15 500mg vials every weeks 0, 2, every 4 weeks t 7 500mg vials every weeks 0, 2, every 4 weeks t	tion training  Benevere I  (PLEASE CHECK ONE OR  400mg vials  and 4  thereafter  and 4  thereafter  and 4  thereafter	Rx to coordinate inject  MORE)	QUANTITY  30 Day Supply  QTY	REFILLS  Refills  Refills  Refills  Refills
☐ Patient has received inject  DRUG NAME ☐ Actemra (tocilizumab) ☐ Orencia (abatacept) ☐ Remicade (infliximab) ☐ Rituxan (rituximab) ☐ Benlysta (belimumab) ☐ Cher medications ☐ Patient's home ☐ ☐ Information provided above is prize CVS Specialty Pharmacy and to attach this Enrollment.	PRESCRIPT  Infusemg once educe Dispense: 80mg vials 1  Induction dose:mg Maintenance dose:mg Maintenance dose:mg on Day Dispense: 100mg vials 1  Induction dose:mg on Day Dispense: 100mg vials 1  Induction dose:mg Maintenance dose:	e to provide inject  ION ORDERS  very 4 weeks 1 200mg vials  every weeks 0, 2, every 4 weeks t every weeks 0, 2, every 4 weeks t 7 1 and Day 15 500mg vials every weeks 0, 2, every 4 weeks t 7 3 500mg vials every weeks 0, 2, every 4 weeks t 8 Office, remaining my knowledge, wit complete and sub ignature.	tion training Benevere I	Rx to coordinate inject  MORE)  Ton in the patient's meaning requests to payors for	QUANTITY  30 Day Supply  QTY	REFILLS  Refills  Refills  Refills  Refills