Rheumatology Prescription Form

CIENEGA PHARMACY
Phone (310) 360.9969 Fax (310) 360.9959
7360 Santa Monica Blvd., #101, West Hollywood, CA 90046
cienegapharmacy.com

DATE:_____ NEEDS BY DATE:_____ SHIP TO: ❑ PATIENT ❑ OFFICE ❑ OTHER _____

PATIENT INFO

Patient Name	
Address	
City, State, Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	❑ Male ❑ Female

PRESCRIBER INFO

Prescriber Name		
DEA #	NPI #	License #
Address		
City, State, Zip		
Phone	Fax	
Contact Person		

INSURANCE: PLEASE FAX COPY OF PRESCRIPTION CARD & MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: ❑ 714.0 Rheumatoid Arthritis ❑ 733.0 Osteoporosis ❑ 555.0 Crohn's Disease ❑ Other:_____ DX Code:_____
❑ 696.0 Psoriatic Arthritis ❑ 696.1 Psoriasis Moderate to Severe Plaque ❑ 720.0 Ankylosing Spondylitis –

Prior Failed Meds: ❑ Methotrexate Length of Treatment_____ ❑ Reason for Discontinuing _____
❑ _____ Length of Treatment_____ ❑ Reason for Discontinuing _____
❑ _____ Length of Treatment_____ ❑ Reason for Discontinuing _____

Forteo/Prolia: T-Score_____ Type_____ Date_____ Fracture History: Site_____ Date_____ Site_____ Date

Does patient have a latex allergy? ❑ Yes ❑ NO TB/PPD Test given or intended to be given before start? ❑ Yes ❑ NO _____

	PRESCRIPTION INFORMATION		QUANTITY	REFILLS
❑ Actemra®	❑ 162mg Prefilled Syringe ❑ _____ Vial	❑ Inject 162mg subcutaneously ❑ ONCE a week or ❑ every OTHER week ❑ Infuse_____mg at _____	4 week supply	_____
❑ Cimzia®	❑ 200x2 Prefilled Syringe ❑ 200x2 LYO Powder	❑ Initial: Inject 400mg subcutaneously at weeks 0, 2, and 4 ❑ Maintenance: Inject 400mg SubQ once every 4 weeks or ❑ Inject 200 mg SubQ once every 2 weeks	4 week supply	_____
❑ Enbrel®	❑ 50mg Sureclick ❑ 50mg Prefilled Syringe ❑ 25mg Prefilled Syringe ❑ 25mg Vials	❑ Inject 50mg subcutaneously ONCE a week ❑ Inject 25mg subcutaneously TWICE a week 72-96 hours apart	4 week supply	_____
❑ Humira®	❑ 40mg Pen ❑ 40mg Prefilled Syringe	❑ Inject 40mg subcutaneously every OTHER week ❑ Inject 40mg subcutaneously ONCE a week	4 week supply	_____
❑ Orencia®	❑ 125mg Prefilled Syringe ❑ 250mg Vials	❑ Inject 125mg subcutaneously ONCE a week ❑ Infuse_____mg at _____	4 week supply	_____
❑ Prolia®	❑ 60mg Syringe	❑ Inject 60mg subcutaneously once every 6 months	4 week supply	_____
❑ Forteo®	❑ 600mg/0.8ml Pen	❑	4 week supply	
❑ Pen Needles	31 guage 6mm		28 needles	_____
❑ Remicade®	❑ 100mg Vial	❑ Infuse_____mg at _____	4 week supply	_____
❑ Simponi®	❑ 50mg SmartJect ❑ 50mg Prefilled Syringe ❑ Aria	❑ Inject 50mg subcutaneously ONCE a MONTH as directed ❑ Infuse_____mg at weeks 0 and 4, then every 8 weeks thereafter	4 week supply	_____
❑ Stelara®	❑ 45mg Prefilled Syringe	❑ Inject 45mg on day 0, then week 4, then every 12 weeks	4 week supply	_____
❑ Xeljanz®	❑ 5mg Tablets	❑ Take 1 tablet by mouth twice daily	60	_____
❑ Other ___	_____	_____	4 week supply	_____

By signing this form, Cienega Pharmacy and it's staff are authorized to serve as your prior authorization designated agent for medical and prescription insurance companies.

_____ _____ _____
Prescriber's Signature (no stamps) Date If Brand required check ❑ DAW