Kroger specialty pharmacy

Rheumatology A-M

New Orleans, LA **toll free** 888.355.4191 **toll free fax** 888.355.4192 **krogerspecialtypharmacy.com**

Date: _____ Need By Date: _____ Ship To: ☐ Patient ☐ Office ☐ Other _____ Fax Copy: ☐ Rx Card Front/Back ☐ Clinical Notes ☐ Medical Card Front/Back

Patient Information

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

Prescriber Information

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

Clinical Information

Diagnosis: ☐ M06.9 Rheumatoid Arthritis ☐ L40.50 Psoriatic Arthritis ☐ M45.9 Ankylosing Spondylitis ☐ M32.10 Systemic Lupus Erythematosus
☐ Other: _____ Dx Code: _____

Location: Joints: ☐ Hands ☐ Feet ☐ Knees ☐ Spine
Skin: ☐ Hands ☐ Feet ☐ Scalp ☐ Groin ☐ Nails ☐ Other: _____ % BSA: _____

Prior Failed Meds: _____ Length of Treatment: _____ Reason for Discontinuing: _____
_____ Length of Treatment: _____ Reason for Discontinuing: _____
_____ Length of Treatment: _____ Reason for Discontinuing: _____

Drug Allergies	Latex Allergy: ☐ No ☐ Yes
Weight ☐ kg ☐ lbs	TB Test: ☐ No ☐ Yes Date: _____ Results: _____ (Please send lab results)

Prescription Information

			Qty	Refills
☐ Actemra®	162mg ☐ Autoinjector ☐ PFS Vials: ☐ 80mg/4mL ☐ 200mg/10mL ☐ 400mg/20mL	Inject 162mg subcutaneously ☐ ONCE a week **or** ☐ every OTHER week ☐ Infuse _____ mg (_____ mg/kg) every 4 weeks	4 Week Supply 4 Week Supply	_____ _____
☐ Benlysta®	Vials: ☐ 120mg ☐ 400mg 200mg ☐ Autoinjector ☐ PFS	☐ Load: Infuse _____ mg (10mg/kg) at weeks 0, 2, and 4, then every 4 weeks thereafter ☐ Maintenance: Infuse _____ mg (10mg/kg) every 4 weeks Inject 200mg subcutaneously once a week	Loading Dose 4 Week Supply 4 Week Supply	None _____ _____
☐ Cimzia®	☐ 200mg x2 PFS ☐ 200mg x2 Vials	☐ Starter Kit: Inject 400mg subcutaneously at weeks 0, 2, and 4 ☐ Maintenance: Inject 400mg subcutaneously every 4 weeks ☐ Maintenance: Inject 200mg subcutaneously every 2 weeks	1 Starter Kit (PFS)/6 Vials 4 Week Supply	None _____
☐ Cosentyx®	300mg (2x150mg) ☐ Pen ☐ PFS 150mg ☐ Pen ☐ PFS	☐ Load: Inject 300mg subcutaneously on week 0, 1, 2, 3 ☐ Maintenance: Inject 300mg subcutaneously on week 4, then every 4 weeks thereafter ☐ Load: Inject 150mg subcutaneously on week 0, 1, 2, 3 ☐ Maintenance: Inject 150mg subcutaneously on week 4, then every 4 weeks thereafter	4 Week Supply 4 Week Supply 4 Week Supply 4 Week Supply	None _____ None _____
☐ Cosentyx® **Covered Until You're Covered*	300mg (2x150mg) ☐ Pen ☐ PFS 150mg ☐ Pen ☐ PFS	☐ Free Drug Load: Inject 300mg subcutaneously on week 0, 1, 2, 3 ☐ Free Drug Maintenance: Inject 300mg subcutaneously on week 4, then every 4 weeks thereafter ☐ Free Drug Load: Inject 150mg subcutaneously on week 0, 1, 2, 3 ☐ Free Drug Maintenance: Inject 150mg subcutaneously on week 4, then every 4 weeks thereafter	4 Week Supply 4 Week Supply 4 Week Supply 4 Week Supply	None _____ None _____
☐ Enbrel®	50mg ☐ SureClick® ☐ PFS ☐ Mini 25mg ☐ Vial ☐ PFS	50mg subcutaneously once a week Inject 25mg subcutaneously twice a week 72-96 hours apart	4 Week Supply	_____
☐ Humira® Citrate Free	☐ Uveitis Starter Kit 40mg ☐ Pen ☐ PFS	Load: Inject 80mg on day 1, then 40mg on day 8, then 40mg every other week ☐ Maintenance: Inject 40mg subcutaneously every other week ☐ Maintenance: Inject 40mg subcutaneously once a week	Loading Dose 4 Week Supply	None _____
☐ Humira®	☐ Uveitis Starter Kit 40mg ☐ Pen ☐ PFS	Load: Inject 80mg (as two-40mg injections) on day 1, then 40mg on day 8, then 40mg every other week ☐ Maintenance: Inject 40mg subcutaneously every other week ☐ Maintenance: Inject 40mg subcutaneously once a week	Loading Dose 4 Week Supply	None _____
☐ Kevzara®	200mg ☐ Pen ☐ PFS 150mg ☐ Pen ☐ PFS	Inject 200mg subcutaneously every 2 weeks Inject 150mg subcutaneously every 2 weeks	4 Week Supply	_____
☐ Other				

By signing this form and utilizing our services, you are authorizing Kroger® Specialty Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies. IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addressee you should not disseminate, distribute or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.

_____ _____ _____ _____
Prescriber's Signature (no stamps) Substitution Permitted Date Prescriber's Signature (no stamps) Dispense As Written Date

Rheumatology N-Z

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Main Phone	Alternate Phone
Social Security #	
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Drug Allergies | Latex Allergy: ☐ No ☐ Yes

Weight ☐ kg ☐ lbs | TB Test: ☐ No ☐ Yes
Date: _____ Results: _____ (Please send lab results)

		Prescription Information	Qty	Refills
☐ Olumiant®	☐ 2mg Tablet ☐ 1mg Tablet	Take 1 tablet by mouth daily	30 Tablets	_____
☐ Orencia®	☐ 125mg ☐ ClickJect™ ☐ PFS ☐ 250mg Vial	Inject 125mg subcutaneously once a week ☐ Load: Infuse _____ mg at weeks 0, 2, and 4, then every 4 weeks thereafter ☐ Maintenance: Infuse _____ mg every 4 weeks	4 Week Supply	_____
☐ Otezla®	☐ Starter Pack ☐ 30mg Tablet	Take 1 tablet on day 1 then twice daily as directed **or** date provided _____ ☐ Take 1 tablet by mouth twice daily For Bridge Requests please utilize the Otezla Support Plus Start Form and fax to Kroger Specialty Pharmacy at 888.355.4192	1 Starter Pack 60 Tablets	None _____
☐ Remicade®	100mg Vial	☐ Load: Infuse _____ mg (_____ mg/kg) at weeks 0, 2, and 6 ☐ Maintenance: Infuse _____ mg (_____ mg/kg) every _____ weeks	Loading Dose ☐ 6 **or** ☐ 8 Week Supply	None _____
☐ Rinvoq™	15mg ER Tablet	Take 1 tablet by mouth daily	30 Tablets	_____
☐ Rituxan®	500mg/50mL Vial	Infuse 1000mg on days 1 and 15, repeat cycle in _____ weeks	4 Vials	_____
☐ Simponi®	50mg ☐ SmartJect® ☐ PFS ☐ 50mg/4mL Aria® Vial	Inject 50mg subcutaneously once a month ☐ Load: Infuse _____ mg (2mg/kg) at weeks 0 and 4, then every 8 weeks thereafter ☐ Maintenance: Infuse _____ mg (2mg/kg) every 8 weeks	4 Week Supply Loading Dose 8 Week Supply	_____ None _____
☐ Stelara®	45mg PFS	☐ Starter: Inject 1 syringe subcutaneously on week 0 ☐ Maintenance: Inject 1 syringe subcutaneously on week 4, and then every 12 weeks thereafter	1 Syringe 1 Syringe	None _____
☐ Taltz®	80mg ☐ Autoinjector ☐ PFS	☐ Load: Inject 160mg (as two-80mg injections) subcutaneously on day 1 and then 80mg every 4 weeks thereafter ☐ Maintenance: Inject 80mg subcutaneously every 4 weeks	Loading Dose 4 Week Supply	None _____
☐ Tremfya®	100mg ☐ One-Press Injector ☐ PFS	☐ Starter: Inject 100mg subcutaneously on week 0 ☐ Maintenance: Inject 100mg subcutaneously on week 4, then every 8 weeks thereafter	1 Dose 1 Dose	None _____
☐ Xeljanz®	☐ 5mg Tablet ☐ 11mg XR Tablet	Take 1 tablet by mouth twice daily Take 1 tablet by mouth daily	60 Tablets 30 Tablets	_____ _____
☐ Other				

_____ _____ _____ _____
Prescriber's Signature (no stamps) Substitution Permitted Date Prescriber's Signature (no stamps) Dispense As Written Date