


<b>RHEUMATOID ARTHRITIS REFERRAL FORM</b>		<b>Century Specialty Script</b> <b>Fax Referral To: 877-521-5353</b> <b>Phone: 800-521-3949</b>			
Date: _____					
Needs by Date: _____ Ship to <input type="checkbox"/> Patient's Home <input type="checkbox"/> Prescriber 1 <sup>st</sup> Order Only <input type="checkbox"/> Prescriber All Orders					
<b>PATIENT INFORMATION</b>			<b>PRESCRIBER INFORMATION</b>		
Patient Name: _____			Prescriber Name: _____		
Address: _____			Address: _____		
City, State, Zip: _____			City, State, Zip: _____		
Home Phone: _____			Phone: _____ Fax: _____		
Cell Phone: _____			DEA#: _____ NPI#: _____		
Date of Birth: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F			Contact Person: _____		
<b>INSURANCE INFORMATION (Please attach the front and back of insurance and prescription drug card)</b>					
Primary Insurance: _____		ID#: _____		Group: _____	
Secondary Insurance: _____		ID#: _____		Group: _____	
Prescription Card: _____		ID#: _____		BIN: _____ PCN: _____ Group: _____	
<b>DIAGNOSIS &amp; CLINICAL ASSESSMENT (Fill in below or attach lab work)</b>					
Primary Diagnosis Code & Condition: _____			Joints Affected: _____		
Number of Tender Joints: _____			Number of Swollen Joints: _____		
			Current Weight: _____ Date: _____		
<input type="checkbox"/> New Therapy Induction   Stop Date: _____			<input type="checkbox"/> Therapy Change   Stop Date: _____		
<input type="checkbox"/> Therapy Continuation   Stop Date: _____			Weeks Completed: <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 Allergies: _____		
ESR & Date: _____			CRP & Date: _____		
			TB Results & Date: _____		
<b>Actemra® (tocilizumab)</b>		<b>Enbrel® (etanercept)</b>		<b>Humira® (adalimumab)</b>	
<input type="checkbox"/> 80 mg/4 mL Vial <input type="checkbox"/> 162 mg Syringe		<input type="checkbox"/> 25 mg Syringe <input type="checkbox"/> 25 mg Vial		<input type="checkbox"/> 10 mg Syringe <input type="checkbox"/> 20 mg Syringe	
<input type="checkbox"/> 200 mg/10 mL Vial <input type="checkbox"/> 400 mg/20 mL Vial		<input type="checkbox"/> 50 mg Syringe <input type="checkbox"/> 50 mg SureClick Pen		<input type="checkbox"/> 40 mg Syringe <input type="checkbox"/> 40 mg Pen	
SIG: _____		SIG: _____		SIG: _____	
QTY: _____ Refill: _____		QTY: _____ Refill: _____		QTY: _____ Refill: _____	
<b>Cimzia® (certolizumab pegol)</b>		<b>Kineret® (anakinra)</b>		<b>Prolia® (denosumab)</b>	
<input type="checkbox"/> 2 x 200 mg Kit <input type="checkbox"/> Syringe <input type="checkbox"/> Vial		<input type="checkbox"/> 100 mg Syringe		<input type="checkbox"/> 60 mg PFS <input type="checkbox"/> 60 mg Vial	
SIG: _____		SIG: _____		SIG: _____	
QTY: _____ Refill: _____		QTY: _____ Refill: _____		QTY: _____ Refill: _____	
<b>Remicade® (infliximab)</b>		<b>Rituxan® (rituximab)</b>		<b>Orencia® (abatacept)</b>	
<input type="checkbox"/> 100 mg Vial		<input type="checkbox"/> 100 mg Vial <input type="checkbox"/> 500 mg Vial		<input type="checkbox"/> (4) 125 mg Prefilled Syringe <input type="checkbox"/> 250mg Vial	
SIG: _____		SIG: _____		SIG: _____	
QTY: _____ Refill: _____		QTY: _____ Refill: _____		QTY: _____ Refill: _____	
<b>Xeljanz® (tofacitinib)</b>		<b>Stelara® (ustekinumab)</b>		<b>Simponi® (qolimumab)</b>	
<input type="checkbox"/> 5 mg Tablet		PFS: <input type="checkbox"/> 1 x 45mg/0.5mL <input type="checkbox"/> 1 x 90mg/mL		<input type="checkbox"/> 50 mg Syringe <input type="checkbox"/> 50 mg Smartject	
SIG: _____		<input type="checkbox"/> Inject 45mg SQ on Day 1 (<100kg)		<input type="checkbox"/> 50 mg Vial (Aria)	
QTY: _____ Refill: _____		<input type="checkbox"/> Inject 90mg SQ on Day 1 (>100kg)		SIG: _____	
<b>Other/Notes:</b> _____		<input type="checkbox"/> Inject 45mg SQ on Day 29 and every 12 weeks thereafter (<100kg)		QTY: _____ Refill: _____	
_____		<input type="checkbox"/> Inject 90mg SQ on Day 29 and every 12 weeks thereafter (>100kg)			
_____		QTY: _____ Refill: _____			
_____					
<b>Prescriber Signature: _____ DAW (Dispense as Written) <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____</b>					