RICHMOND PHARMACY
Specialty Script

355 Bard Ave • Staten Island, NY 10310 • www.RichmondSpecialty.com

PHONE: 718-818-2178 • FAX: 718-818-2179

Date: ____/____/____ Needs by Date: _____

Language: _____ ☐ Nursing Instruction Required

Ship to: ☐ Patient ☐ MD Office

RHEUMATOLOGY REFERRAL FORM

Prescriber's Name: _____ DEA #: _____ NPI: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Office Contact: _____

PATIENT INFORMATION: Please complete the following or send patient demographic sheet

Patient Name: _____ Date of Birth: ____/____/____ Gender: ☐ F ☐ M

Address: _____ City, State, Zip: _____

Home Phone: _____ Alternate: _____ Email: _____

PLEASE ATTACH ALL PRIMARY AND SECONDARY INSURANCE INFORMATION

CLINICAL INFORMATION

DIAGNOSIS

- ☐ M06.9 Rheumatoid Arthritis
- ☐ M45.9 Ankylosing Spondylitis
- ☐ M32.10 Systemic Lupus Erythematosus
- ☐ L40.8 Psoriasis Moderate to Severe Plaque
- ☐ L40.50 Psoriatic Arthritis
- ☐ K50.90 Chron's Disease
- ☐ M81.0 Osteoporosis
- ☐ Other _____ DX code _____

Diagnosis Date _____

FORTEO/PROLIA

T-Score _____ Type _____ Date _____

Does patient have latex allergy? ☐ Yes ☐ No

PREVIOUS MEDICATIONS/THERAPIES

Medication	Duration of treatment/Reason for discontinuation
☐ Methotrexate	
☐	
☐	
☐	
☐	

LABS

Has TB test been performed?
☐ Yes (please attach results) ☐ No

Lab Date: TB Results:

FRACTURE HISTORY

Site	Date

PRESCRIPTION INFORMATION

MEDICATION	DOSAGE & DIRECTIONS	QUANTITY/DURATION	REFILLS
☐ ACTEMRA (tocilizumab)	☐ 162mg prefilled syringe - Inject subcutaneously ☐ ONCE a week ☐ Every OTHER week ☐ _____ vial - Infuse _____ mg at _____	☐ 4-Weeks supply	
☐ CIMZIA (certolizumab pegol) ☐ 200mg x 2 prefilled syringe ☐ 200mg x 2 I/O powder	☐ Starter Kit: Inject 400mg subcutaneously at weeks 0, 2, and 4 ☐ Maintenance: Inject 400mg subcutaneously ONCE a MONTH ☐ Maintenance: Inject 200mg subcutaneously ONCE every 2 weeks	☐ 4-Weeks supply	
☐ COSENTYX (secukinumab) ☐ 150mg syringe ☐ 150mg pen	☐ Psoriatic arthritis induction (optional): 150mg subcutaneously at weeks 0, 1, 2, 3, and 4 ☐ Psoriatic arthritis maintenance: 150mg subcutaneously every 4 weeks ☐ Ankylosing spondylitis induction (optional): 150mg subcutaneously at weeks 0, 1, 2, 3, and 4 ☐ Psoriatic arthritis maintenance: 150mg subcutaneously every 4 weeks ☐ Other:	☐ Enter quantity _____	
☐ **ENBREL (etanercept)** ☐ 50mg prefilled syringe ☐ 50mg SureClick	☐ Inject 50mg subcutaneously ONCE a week ☐ Inject 25mg subcutaneously TWICE a week 72-96 hours apart	☐ 4-Weeks supply	
☐ FORTEO (teriparatide rDNA origin)	☐ Multi-dose prefilled pen - Inject 20mcg subcutaneously ONCE daily	☐ 4-Weeks supply	
☐ HUMIRA (adalimumab) ☐ 40mg/0.8ml pen ☐ 40mg/0.8ml prefilled syringe	☐ Inject 40mg subcutaneously every OTHER week ☐ Inject 40mg subcutaneously ONCE a week	☐ 4-Weeks supply	
☐ KEVZARA® ☐ 150mg/1.14ml PFS ☐ 200mg/1.14ml PFS	☐ Inject 200mg SC ONCE every 2 weeks ☐ Other:	☐ 4-Weeks supply	
☐ ORENCIA (abatacept) ☐ 125mg prefilled syringe ☐ 250mg vials	☐ Inject 125mg subcutaneously ONCE a week ☐ Infuse _____ mg at _____	☐ 4-Weeks supply	
☐ OTEZLA (apremilast) ☐ Starter pack ☐ 30mg tablets	☐ Starter pack: Initial titration over 5 days ☐ Maintenance: Take 1 tablet by mouth twice daily	☐ 1 Starter pack ☐ 60 tablets	
☐ PROLIA (denosumab)	☐ 60mg syringe: Inject 60mg subcutaneously once every 6 months	☐ 4-Weeks supply	
☐ REMICADE (infliximab)	☐ Infuse _____ mg at _____	☐ 4-Weeks supply	
☐ RITUXAN (rituximab)	☐ Infuse _____ mg at _____	☐ 4-Weeks supply	
☐ SIMPONI (golimumab) ☐ 50mg SmartJect ☐ ARIA ☐ PFS	☐ Inject 50mg subcutaneously ONCE a MONTH as directed ☐ Infuse _____ mg at weeks 0 and 4, then every 12 weeks	☐ 4-Weeks supply	
☐ STELARA (ustekinumab) ☐ 45mg prefilled syringe ☐ 90mg syringe	☐ Inject 45mg on day 0, then week 4, then every 12 weeks ☐ Inject 90mg subcutaneously ONCE a MONTH as directed	☐ 4-Weeks supply	
☐ TYMLOS (abaloparatide)	☐ Inject 80mcg subcutaneously ONCE daily	☐ Enter quantity _____	
☐ XELJANZ (tofacitinib citrate)	☐ 5mg tablet - Take 1 by mouth TWICE daily	☐ 60 tablets	
☐ OTHER			

Physician Signature: _____ Date: _____