DELTADRUGS

Rheumatology H-O

437 Fernando Court • Glendale, CA 91204 • **MAIN:** 818.309.2884 • **FAX:** 818.309.1704 • www.deltadrugs.com

RESET FORM

PATIENT INFORMATION

Patient Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Secondary Phone #: _____

Patient SSN#: _____ Date of Birth: _____

Weight (lbs): _____ Height (in.): _____ Gender: ❑ Male ❑ Female

Allergies: _____

Primary Insurance: _____

ID#: _____ Phone #: _____

Secondary Insurance: _____

ID#: _____ Phone #: _____

FAX COPY OF INSURANCE CARD (FRONT & BACK)

PHYSICIAN INFORMATION

Physician Name: _____

Contact: _____

NPI #: _____

Address: _____

_____

_____
City, State, Zip Code

Phone #: _____

Alt Phone #: _____

Fax #: _____

Email: _____

Ship Rx to: ❑ Physician's Office ❑ Patient's home

CLINICAL INFORMATION

ICD-10 Diagnosis

❑ M06.9 Rheumatoid Arthritis
❑ M08.0 Juvenile Idiopathic Arthritis
❑ L40.59 Psoriatic Arthritis
❑ L40.54 Psoriatic Juvenile Arthritis
❑ M45.9 Ankylosing Spondylitis

Date of Diagnosis: _____ Date of negative TB test: _____

Comorbidities: _____

Medication Reconciliation: _____

_____

Prior Treatment/Therapy (If Any)	Reason for Discontinuation	Start and End Date of Therapy

FAX COPY OF ALL RELATED CLINICAL/LAB INFO

MEDICATION	DIRECTIONS		QTY	REFILLS
❑ HUMIRA®	❑ Inject 40 mg SQ every other week (≥30 kg) ❑ Inject 40 mg SQ once a week (≥30 kg) ❑ Inject 20 mg SQ every other week (15 to <30 kg) ❑ Inject 10 mg SQ every other week (10 to<15 kg)		❑ 1 carton (2x40 mg/0.8 mL Pens) ❑ 2 carton ❑ 1 carton (2x40 mg/0.8 mL PFS) ❑ 2 carton ❑ 1 carton (2x20 mg/0.8 mL PFS) ❑ 1 carton (2x10 mg/0.8 mL)	
❑ ORENCIA® (JIA <75 KG) ONLY	Starter: ❑ Infuse 10 mg/kg at weeks 0 and 2		_____ vials (250 mg/vial)	
	Maint.: ❑ Infuse 10 mg/kg at week 4 and every 4 weeks thereafter		_____ vials (250 mg/vial)	
❑ ORENCIA®	Starter: ❑ Infuse weight-range at week 0 Only	❑ 2 vials (<60 kg) ❑ 3 vials (60-100 kg) ❑ 4 vials (>100 kg)	❑ 4 PFS	
	Maint.: ❑ Inject 1 PFS (125 mg) SQ once weekly			
	❑ Infuse weight-range based at week 4 and every 4 weeks			
	Starter: ❑ Infuse weight-range based at weeks 0 and 2	❑ 4 vials (<60 kg) ❑ 6 vials (60-100 kg) ❑ 8 vials (>100 kg)		
❑ OTEZLA®	Starter: ❑ Take as directed per package instructions		55 tablets (one 28-day pack)	
	Maint.: ❑ Take 30 mg by mouth twice daily ❑ _____		❑ 60 tablets ❑ _____	

Injection Training Provided By: ❑ Physician's Office ❑ Delta Drugs | ❑ Dispense As Written

Physician's Signature: _____ Date: _____

I AUTHORIZE DELTA DRUGS AND ITS REPRESENTATIVES TO ACT AS AN AGENT TO INITIATE AND EXECUTE THE INSURANCE PRIOR AUTHORIZATION PROCESS.