



2301 Evesham Road - Building 800, Suite 115  
Voorhees, New Jersey 08043  
T. (856) 996-0145  
F. (856) 770-8271

**MEDICATION REQUESTED**

**DATE:**

**NAME OF DRUG BEING REQUESTED:**

**IDYLLIC will be responsible for providing requested drug**

**REFERRING PROVIDER INFORMATION**

**Requesting Provider  
Name and NPI  
Tax ID#**

**Name:  
NPI #:  
Tax ID #:**

**Phone Number**

**Fax Number**

**Practice Contact  
(Name/Extension)**

Phone Number:

Ext:

*We will gladly remind your patient to schedule routine follow-up visits with your office.*

**Return to Referring Provider (frequency): EVERY \_\_\_\_\_ WKS / MOS**

**PATIENT INFORMATION**

**Patient Name**

**Patient Address:**

**City, State, Zip**

**Phone (Mobile)**

**Date of Birth**

/ /

**Patient Allergies**

**Height / Weight**

<b>Preferred Treatment Location</b>	<input checked="" type="checkbox"/> Voorhees <input checked="" type="checkbox"/> Wall/Manasquan <input checked="" type="checkbox"/> Hamilton	<input checked="" type="checkbox"/> Moorestown <input checked="" type="checkbox"/> Sewell <input checked="" type="checkbox"/> Galloway
<b>Primary Care Physician (Name / Phone Number)</b>	PCP Name:  PCP Phone Number:	

**ADDITIONAL DOCUMENTATION REQUIRED**

- Primary Diagnosis code: \_\_\_\_\_
- Please attach a copy of medication order to this document when transmitting to ARBDA/IDYLLIC. Prescription should include standard information as well as specific instructions if loading doses of desired RX are required. \*\* NOTE \*\* Please do **NOT** provide a prescription to the patient as they may become confused and attempt to fill at their local/specialty pharmacy.
- Copy of Primary and Secondary Medical/Pharmacy Insurance Cards (Please enclose both FRONT & BACK)
- Is this patient ambulatory? Yes / NO
  - Is a wheelchair required Yes / NO
- History of Infusion / Injection treatments (if applicable) and summary of medical history / treatment plan.
- MOST RECENT and/or Qualifying Labs (based on specific drug)
- Verification that the patient was issued a RX by the referring provider for an EpiPen and that patient was instructed to bring the EpiPen with them to the injection/infusion appointment (if required).
- Please notify your patient that our office will contact them when we are ready to schedule. They do NOT need to call our office to set up an appointment.**
- Does this patient require premedication(s)? If so, please indicate below:
  - TYLENOL<sup>®</sup> (APAP) 500 mg. tablets - 2 tabs PO x 1
  - SOLU-MEDROL<sup>®</sup> (or equivalent glucocorticoid) - 100 mg. IVP x1
  - ZYRTEC<sup>®</sup> (cetirizine) 10 mg. Tablets - 1 tab PO x 1
  - Other: \_\_\_\_\_

**PLEASE NOTE: OUR OFFICE PROVIDE & DISPENSE ALL REQUIRED MEDICATIONS**  
**ARBDA/IDYLLIC NPI: 1427622661**                      **TAX ID: 85-1604336**

Please contact our office if medication will be discontinued.

1) Medication being requested:

- Remicade
- Simponi Aria
- Orencia
- Actemra
- Rituxan
- Benlysta

Dose/Frequency: \_\_\_\_\_

2) Have all required labs been completed in the past 6 months:

- YES     NO (Patient provided with lab order; labs pending)  
\*\*\*Copies of labs are required\*\*\*

3) Disease with ICD-10:

- M05.79 (RF+RA)
- M06.09 (RF-RA)
- M32.9 (Lupus)
- L40.59 (PsA)
- L40.0 (Psoriasis)
- M45.7 (Ank.Spond-lumbosacral)
- M31.31 (GPA w/Renal)
- M31.30 (GPA w/o Renal)
- M31.7 (MPA)

4) If PsA, Axial Disease?  YES     NO

5) TB test performed?  YES     NO     Pending

Date? : \_\_\_\_\_

Result?:  Positive     Negative

6) Hepatitis B/C testing performed? :  YES     NO     Pending

7) Has the patient been diagnosed with lymphoma or skin cancer?

YES     NO

8) Does the patient have an infection?  YES     NO

9) Does the patient have CHF?  YES  NO

10) Inadequate response to NSAIDs?  YES  NO

ibuprofen  naproxen  diclofenac  meloxicam   
indomethacin

celecoxib Others: \_\_\_\_\_

11) Has the patient tried and failed a DMARD/biologic for 8-12 weeks)?

YES  NO

a. DMARDs tried and failed:  methotrexate  leflunomide

other: \_\_\_\_\_

12) Contraindications to DMARDs?  Yes  NO

If yes, list:

13) Will this be used in combo with methotrexate or another DMARD?

YES  NO

If yes, list:  methotrexate  leflunomide  sulfasalazine  
 hydroxychloroquine

14) For Benlysta Only:

dsDNA Positive?  YES  NO

SLEDAI :

Additional Comments: