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| 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: _____ |
| <i>We will gladly remind your patient to schedule routine follow-up visits with your office.</i> | |
| 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 | |

1) Medication being requested:

- Infliximab
- Simponi Aria
- Orencia
- Actemra
- Rituximab
- 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: