Genefic
SPECIALTY PHARMACY

To expedite processing, please send the following information with prescription.

- ☐ Referral Form
- ☐ Demographic Sheet
- ☐ Most Recent Clinical Notes
- ☐ List of Tried and Failed Meds (Including other Biologics)
- ☐ Prescription Insurance Card (Front & Back)

Bio-Coordinator or Primary Point of Contact at Clinic:

Name: _____

Email: _____

Direct Phone Line: _____

Cell (optional, but preferred): _____

Genefic Specialty Pharmacy
2577 Mall Road, Suite B
Florence, AL, 35630

Phone: (833) 928-7660
Fax: (833) 928-7661
Website: GeneficRx.com

Faxed prescriptions will only be accepted from a prescriber. Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Genefic Specialty Pharmacy.

Rheumatology Enrollment Form I - Z

Prescriber:	**NPI:**
Supervising Physician:	**NPI:**
Address:	**Tax ID:**
Phone:	Fax:
Contact:	

PATIENT INFORMATION

Name:	☐ M ☐ F ☐ Trans M ☐ Trans F ☐ Other	DOB: ____/____/_____	SS#: ____-____-_____
Street:	City:	State:	ZIP:
Phone:	Alt. Phone:	☐ English ☐ Spanish ☐ Other: _____	Wt.: _____ Ht.: _____

PRESCRIPTION

Has the patient received a loading dose/starter kit? ☐**Yes Start Date:** ____/____/_____ ☐**No** **SHIP TO:** ☐**Patient's Home** ☐**Doctor's Office** ☐**Other:** _____

Drug		Directions & Quantity	Refills
Kevzara®	☐ 150 mg Pre-filled Syringe ☐ 150 mg Pen	☐ Inject 150 mg SQ every 2 weeks (Quantity: 2)	
	☐ 200 mg Pre-filled Syringe ☐ 200 mg Pen	☐ Inject 200 mg SQ every 2 weeks (Quantity: 2)	
Olumiant®	☐ 2 mg Tablets	☐ Take 2 mg PO once daily (Quantity: 30)	
Orencia®	☐ 250 mg Vials ☐ Pre-filled Syringe ☐ ClickJect™	**INTRAVENOUS (IV):** ☐ **INITIAL:** Infuse _____ mg via IV on week 0, 2, and 4(Quantity: QS 3 doses) ☐ **MAINTENANCE:** Infuse _____ mg via IV every 4 weeks (Quantity: QS 1 dose) **SUBCUTANEOUS (SQ):** ☐ Inject 125mg SQ once weekly (Quantity: 4)	
Otezla®	☐ 28 Day Starter Pack	☐ Take as directed per package instructions (Quantity: 55)	
	☐ 30 mg Tablets	☐ Take 30 mg PO twice daily (Quantity: 60)	
Rinvoq™	15 mg Tablets	☐ Take 15 mg PO once daily (Quantity: 30)	
Simponi®	☐ SmartJect® (Pen) ☐ Pre-filled Syringe	☐ Inject 50 mg SQ once a month (Quantity: 1)	
Xeljanz®	5 mg Tablets	☐ Take 5 mg PO twice daily (Quantity: 60)	
Xeljanz® XR	11 mg Tablets	☐ Take 11 mg PO once daily (Quantity: 30)	

MEDICAL INFORMATION

*****PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY*****

PREVIOUS THERAPIES:	Tried & Failed (Duration):	Not Tolerated:	Contraindication:
☐ Methotrexate	☐(_____)	☐	_____
☐ Plaquenil	☐(_____)	☐	_____
☐ Naproxen / Aleve	☐(_____)	☐	_____
☐ Enbrel	☐(_____)	☐	_____
☐ Humira	☐(_____)	☐	_____
☐ Cimzia	☐(_____)	☐	_____
☐ _____	☐(_____)	☐	_____

☐ M05.9 Rheumatoid Arthritis with Rheumatoid Factor, Unspecified

☐ M05.79 Rheumatoid Arthritis with Rheumatoid Factor of mult. sites w/o organ or system inolvement

☐ M06.9 Rheumatoid Arthritis, Unspecified

☐ M06.09 Rheumatoid Arthritis without Rheumatoid Factor, multiple sites

☐ M35.2 Behcet's disease

☐ M35.3 Polymyalgia Rheumatica

☐ Other: _____

Date of Diagnosis: ____/____/_____ **Allergies:**_____

Active TB is ruled out: ☐Yes ☐No Date: ____/____/_____ Hep B ruled out/treated: ☐Yes ☐No Date: ____/____/_____

Additional Clinical Information:

INJECTION TRAINING

☐Patient has received pen and injection training ☐ Physician's office to provide injection training ☐Genefic to coordinate injection training

PRESCRIBER SIGNATURE

To Prescriber: By signing this form and utilizing our services, you are also authorizing Genefic Specialty Pharmacy to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Prescriber:	**Date**: ____/____/_____

CONFIDENTIALITY NOTICE

IMPORTANT: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.