



PATIENT INFORMATION:

Fax completed form, insurance information and clinical documentation to 586-263-3306

Patient Name: _____ DOB: _____ Phone: _____

Last 4 of SS #: _____ Patient Status: New Continuing Therapy Next Treatment Date: _____

MEDICAL INFORMATION

Patient Weight: _____ lbs. Patient Height: _____ Allergies: _____

ICD-10: _____ Diagnosis: _____

- Rheumatoid Arthritis, Unspecified
 Unspecified Iridocyclitis
 Arthropathic Psoriasis, Unspecified
 Rheumatoid Arthritis with Rheumatoid Factor, Unspecified
 Rheumatoid Arthritis without Rheumatoid Factor, Unspecified
 Wegener's granulomatosis
 Ankylosing Spondylitis, Unspecified
 Gout
 Systemic Lupus Erythematosus
 Other: _____

THERAPY ORDER

Table with 3 columns: Drug, Dosing, Refill. Rows include Actemra, Cimzia, Krystexxa, Immunglobulin, Orencia, Simponi Aria, Stelara, Infliximab, Rituximab, and Saphnelo.

Premedication orders: Tylenol 1000mg 500mg PO, please choose one antihistamine:
 Diphenhydramine 25 mg PO Loratadine 10mg PO Cetirizine 10mg Quzyttir 10mg IVP
Additional premedications: Solu-Medrol _____ mg IVP Solu-Cortef _____ mg IVP Other _____
Lab orders: _____ Lab frequency: _____ Yearly TB QFT (optional) Baseline HepBcAB total

PROVIDER INFORMATION

By signing this form and utilizing our services, you are authorizing Compassus and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies, and to select the preferred site of care for the patient.

Provider Name: _____ Signature: _____ Date: _____

Provider NPI: _____ Phone: _____ Fax: _____ Contact Person: _____

Opt out of Compassus selecting site of care (if checked, please list site of care) _____

PREFERRED LOCATION

City: _____ State: _____

Compassus

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COMPREHENSIVE SUPPORT FOR RHEUMATOLOGY THERAPY

P: 888-386-0886 | F: 586-263-3306

PATIENT INFORMATION

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Patient Name: _____ DOB: _____

REQUIRED DOCUMENTATION FOR REFERRAL PROCESSING AND INSURANCE APPROVAL

- Include signed and completed order (MD/prescriber to complete page 1)
- Include patient demographic information and insurance information
- Include patient's medication list
- Supporting clinical notes to include any past tried and/or failed therapies, intolerance, benefits, or contraindications to conventional therapy
- For biologic orders, has the patient had a documented contraindication/intolerance or failed trial of a conventional therapy (i.e., steroids)?
 Yes No If yes, which drug(s)? _____
- For biologic orders, does the patient have a contraindication/intolerance or failed trial to any other biologic?
 Yes No If yes, which drug(s)? _____
- Include labs and/or test results to support diagnosis
- If applicable - Last known biological therapy: _____ and last date received: _____.
If patient is switching to biologic therapies, please perform a washout period of _____ weeks prior to starting ordered biologic therapy.
- Other medical necessity: _____

REQUIRED PRE-SCREENING (BASED ON DRUG THERAPY)

- TB screening test completed within 12 months - attach results**
Required for: Actemra, Cimzia, infliximab, Stelara, Simponi Aria, Orencia
 Positive Negative
- Hepatitis B screening (Hepatitis B surface antigen) - Positive Negative**
Required for: Actemra, Cimzia, infliximab, rituximab, Simponi Aria
Hepatitis B core antibody total (not IgM) - Positive Negative
Required for: rituximab
- Serum immunoglobulins - attach results** *Recommended for: rituximab*
- Baseline creatinine - attach results** *Required for: IVIG*

*If TB or Hepatitis B results are positive - please provide documentation of treatment or medical clearance, and a negative CXR (TB+)

Compassus will complete insurance verification and submit all required documentation for approval to the patient's insurance company for eligibility. Our team will notify you if any additional information is required. We will review financial responsibility with the patient and refer him/her to any available co-pay assistance as needed. Thank you for the referral.

Please fax all information to 586-263-3306 or call 888-386-0886 for assistance

Compassus

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