Humana Pharmacy®

Fax: 877-405-7940
Phone: 800-486-2668

Humana Specialty Pharmacy®

Monday – Friday, 8 a.m. – 11 p.m., and
Saturday, 8 a.m. – 6:30 p.m., Eastern time

Remove above portion before faxing. Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

IV Rheumatology Prescription Form

Patient information

Patient: _____ ❒ Female ❒ Male DOB: _____ Height: _____ Weight: _____ ❒ lb. ❒ kg Date: _____

Address: _____ City: _____ State: _____ ZIP code: _____

Home phone #: _____ Cell phone #: _____ Caregiver: _____ Caregiver phone #: _____

Other medical conditions: _____ Allergies: ❒ No ❒ Yes: _____

Insurance plan: _____ Plan ID #: _____ BIN: _____ PCN: _____ Group #: _____

*Please send a copy of the patient's prescription insurance card if available.

Clinical information

ICD-10 code: _____ Diagnosis date: _____
First dose? ❒ No ❒ Yes Expected date of first/next infusion: _____
Site of care: ❒ Home ❒ MDO ❒ Clinic: _____
Venous access: ❒ PIV ❒ PICC ❒ Port ❒ Central line, type: _____
Infusion method: ❒ Gravity ❒ Pump
HBV? ❒ No ❒ Yes Is it currently treated? ❒ No ❒ Yes
TB test? ❒ No ❒ Yes Negative test date: _____

Concurrent therapies: _____

Previous failed therapies, discontinuation reasons and dates:

Therapy	Discontinuation reason	Dates

Prescription information

Note: Ohio law allows one prescription per preprinted order form. Please use additional forms for more than one prescription.

Medication	Directions	Quantity	Refills
❒ Actemra vial	❒ Infuse 4 mg/kg IV q four weeks. Max. dose of 800 mg/inf. ❒ Infuse 8 mg/kg IV q four weeks. Max. dose of 800 mg/inf.	_____	_____
❒ Avsola vial ❒ Inflectra vial ❒ Remicade vial ❒ Renflexis vial	**Starting dose:** ❒ Infuse 3 mg/kg IV at weeks 0, 2 and 6. ❒ Infuse 5 mg/kg IV at weeks 0, 2 and 6. **Maintenance dose:** ❒ Infuse _____mg/kg IV q ____ weeks. ❒ _____	_____ _____	0 _____
❒ Orencia vial ❒ 500 mg dose (< 60 kg) ❒ 750 mg dose (60–100 kg) ❒ 1000 mg dose (> 100 kg)	**Starting dose:** ❒ Infuse _____mg IV at weeks 0, 2 and 4. Then, infuse q four weeks. **Maintenance dose:** ❒ Infuse _____mg IV q four weeks.	_____ _____	0 _____
❒ Simponi Aria vial	**Starting dose:** ❒ Infuse 2 mg/kg IV at weeks 0 and 4. Then, infuse q eight weeks. **Maintenance dose:** ❒ Infuse 2 mg/kg IV q eight weeks.	_____ _____	0 _____
❒ Sterile water 10 mL vial ❒ 0.9% sodium chloride 250 mL	Use as directed for reconstitution.	_____	_____
❒ Skilled nursing visit to establish venous access, provide patient education related to therapy and disease state, administer medication as prescribed and assess general status and response to therapy. Frequency based on prescription dose orders.			
Pretreatment: ❒ acetaminophen ❒ 325 mg tablet ❒ 500 mg tablet ❒ diphenhydramine ❒ 25 mg capsule ❒ 50 mg tablet	❒ Take _____mg P.O. 30–60 min. prior to inf. and q 4–6 P.R.N. Max. 4 doses in 24 hr. ❒ _____	❒ 10 cap. ❒ 10 tab. ❒ _____	_____
Anaphylactic treatment: ❒ diphenhydramine ❒ 50 mg/mL vial ❒ 25 mg capsule ❒ 50 mg tablet	❒ Infuse slowly IV P.R.N. anaphylaxis. ❒ Take 25–50 mg P.O. P.R.N. anaphylaxis.	❒ 1 vial ❒ _____	0
Anaphylactic treatment: ❒ epinephrine ❒ 0.3 mg auto-injector ❒ 0.15 mg auto-injector (between 15–30 kg)	Inject IM P.R.N. anaphylaxis.	❒ 2-pack _____	0
❒ lidocaine 2.5% and prilocaine 2.5% cream	Apply topically to needle insertion site 30–60 min. prior to insertion.	_____	_____
❒ Sodium chloride 0.9% 10 mL flush	Flush line with 10 mL before and after inf. and P.R.N. line care.	_____	_____
❒ heparin 100 U/mL 5 mL PFS for central line patients	Flush line with 5 mL after final saline flush.	_____	_____
Pharmacy to dispense ancillary supplies as needed to establish IV and administer drug.			

Prescriber and shipping information (please print)

Prescriber: _____ NPI: _____

Ship to: ❒ Patient ❒ Office ❒ Other: _____

Office address: _____ City: _____ State: _____ ZIP code: _____

Office phone number: _____ Office fax number: _____

Signature: _____ Date: _____

We will dispense this prescription as generic, unless the prescriber indicates "Dispense as Written" here: _____

The prescriber is to comply with his/her state-specific prescription requirements, such as e-prescribing, state-specific prescription form and fax language. Noncompliance with state-specific requirements could result in outreach to the prescriber.