



Rheumatology

Ph: (214) 919-2090 or (877) 753-6878

Fax: 1 (888) 294-9434

Injection Training:	<input type="checkbox"/> MD Office
	<input type="checkbox"/> Pharmacy to Arrange
Ship To :	<input type="checkbox"/> Patient Home <input type="checkbox"/> MD Office

MAIN POINT OF CONTACT
Name: _____
Phone: _____

PATIENT INFORMATION (Use this area or attach patient demographics)				
Name: _____	Phone: _____	Phone 2: _____		
Home Address: _____	City: _____	State: _____	Zip Code: _____	
DOB: _____	SSN: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: _____	Weight: _____ lbs.
Emergency Contact: _____	Phone: _____			

INSURANCE INFORMATION (Use this area or attach copy of insurance card(s))				
Primary Insurance: _____	Secondary Insurance: _____			
ID#: _____	RxBin: _____	ID#: _____	RxBin: _____	
RxGroup: _____	Pcn: _____	RxGroup: _____	Pcn: _____	

MEDICAL ASSESSMENT (Use this area or attach patient labs and other authorization information)	
Primary Diagnosis: _____	ICD10 Code: _____

PRESCRIPTION INFORMATION *(Use this area or attach copy of RX(s))				
Medication	Dose/Strength	Directions	Qty	Refills
<input type="checkbox"/> Actemra	162mg/0.9mL prefilled syringe	<input type="checkbox"/> Patients weighing <100kg: inject 162mg SC every other week, followed by an increase to every week based on clinical response. <input type="checkbox"/> Patients weighing ≥100kg: inject 162mg SC every week.		
<input type="checkbox"/> Cimzia	<input type="checkbox"/> Cimzia Starter Kit (6 prefilled Syringes) <input type="checkbox"/> 200mg/1mL prefilled syringe <input type="checkbox"/> 200mg vial	Induction Dose: Inject 400mg SC on day 1, at week 2, and at week 4. <input type="checkbox"/> Maintenance Dose: Inject 200mg SC every OTHER week. <input type="checkbox"/> Maintenance Dose: Inject 400mg SC every FOUR weeks. <input type="checkbox"/> Other: _____	1 kit	0
<input type="checkbox"/> Cosentyx	<input type="checkbox"/> Carton of one 150 mg/mL single-use Sensoready pen (injection) <input type="checkbox"/> Carton of two 150 mg/mL (300 mg dose) single-use Sensoready pens (injection) <input type="checkbox"/> Carton of one 150 mg/mL single-use prefilled syringe (injection) <input type="checkbox"/> Carton of two 150 mg/mL (300 mg dose) single-use prefilled syringe (injection)	Psoriatic Arthritis with Coexistet Moderate to Severe Plaque Psoriasis <input type="checkbox"/> Loading Dose: Inject 300 mg (two injections) SC at weeks 0,1,2,3, and 4. <input type="checkbox"/> Maintenance Dose: Inject 300mg (two injections) SC every 4 weeks. Other Psoriatic Arthritis or Anklosing Spondylitis <input type="checkbox"/> With loading Dose: Inject 150 mg (one injection) SC at weeks 0,1,2,3,and 4, and with every 4 weeks thereafter. <input type="checkbox"/> Without Loading Dose: Inject 150 mg (one injection) SC every 4 weeks. <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Enbrel	<input type="checkbox"/> 25 mg/0.5 mL prefilled syringe <input type="checkbox"/> 25 mg vial <input type="checkbox"/> 50 mg/mL Sureclick Autoinjector <input type="checkbox"/> 50 mg/mL prefilled syringe	<input type="checkbox"/> Inject 25 mg SC TWICE a week (72-96 hours apart) <input type="checkbox"/> Inject 50 mg SC ONCE a week <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Humira	<input type="checkbox"/> 20 mg/0.4mL prefilled syringe <input type="checkbox"/> 40 mg/0.8mL prefilled syringe <input type="checkbox"/> 40 mg/0.8mL pen	<input type="checkbox"/> Inject 20 mg SC every OTHER week <input type="checkbox"/> Inject 40 mg SC every OTHER week. <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Ilaris	180mg lyophilized powder for solution	Patients weighing ≥7.5kg: Inject 4mg/kg (with a maximum of 300mg) SC every 4 weeks. Reconstitution with 1 mL of preservative-free sterile water for injection is required prior to administration of the drug, resulting in a total volume of 1.2mL reconstituted souiton		
<input type="checkbox"/> Orencia	<input type="checkbox"/> 125mg prefilled syringe <input type="checkbox"/> ClickJect Autoinjector 125mg/mL pack of 4	<input type="checkbox"/> Inject 125mg SC every week <input type="checkbox"/> After Single IV Loading Dose: Inject 125mg SC within a day and 125mg SC every week thereafter <input type="checkbox"/> Patients Unable to Receive an IV Loading Dose: Inject 125mg SC every week <input type="checkbox"/> Patients Transitioning from IV Infusion Therapy: Inject 125mg SC instead of the next scheduled IV dose, followed by 125mg SC injections every week thereafter		
<input type="checkbox"/> Simponi	<input type="checkbox"/> 50 mg/0.5mL prefilled SmartJect Autoinjector <input type="checkbox"/> 50 mg/0.5mL prefilled syringe	Inject 50mg SC once a month		
<input type="checkbox"/> Stelara	<input type="checkbox"/> 45mg/0.5mL prefilled syringe <input type="checkbox"/> 90mg/mL prefilled syringe	<input type="checkbox"/> Patients weighing <100kg: inject 45mg SC initially and 4 weeks later, followed by 45mg every 12 weeks. <input type="checkbox"/> Patients weighing ≥100kg: inject 90mg SC initially and 4 weeks later, followed by 90 mg every 12 weeks.		

Prescriber Name: _____	NPI#: _____
Address: _____	City: _____ State: _____ Zip Code: _____
Phone: _____	Fax: _____

*Prescriber Signature: _____	Date: _____
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