Patient Information

Deliver to: ☐ Patient's Home ☐ Provider's Office **Date:**

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: ____-____-____ E-Mail: _____

Prescriber Name, Address, & Phone number:

Clinical Information

Diagnosis/ICD-10:

☐Rheumatoid Arthritis (M06.9)
☐Ankylosing Spondylitis (M45.9)
☐Psoriatic Arthritis (L40.5)
☐Other:

Date of Diagnosis: _____

- Is Patient Taking Methotrexate? ☐Yes ☐No
- TB/PPD Test Given? ☐Yes ☐No
- Date of Negative Test: _____
- Other Relevant Clinical Info:

Past & Current Tried Therapies:

Medication	Dose/Strength	Directions	Quantity	Refills
☐ **Actemra**	162mg/0.9ml Syringes	**<100Kg** ☐ Inject 162mg SQ every other week ☐ Inject 162mg SQ every week **≥100Kg** ☐ Inject 162mg SQ every week	☐ 2 PFS ☐ 4 PFS	
☐ **Cimzia**	☐ 200mg Syringes Starter Kit (6 syringes)	☐ Initial Dose: Inj. 400mg SQ at weeks 0, 2, & 4	1 Kit (6 syr)	
	☐ 200mg Prefilled Syringe ☐ 200mg Vial	☐ Inj. 200mg SQ every OTHER week ☐ Inj. 400mg SQ every 4 weeks	1 Kit (2 syr)	
☐ **Cosentyx**	☐ 150mg Sensoready Pen ☐ 150mg 2pk Sensoready Pen ☐ 150mg/mL Prefilled Syringe ☐ 150mg/mL 2 pack Prefilled Syringe	☐ Initial Dose: Inj. 150mg SQ @ weeks 0, 1, 2, 3, & 4 ☐ Maintenance Dose: Inj. 150mg SQ every 4 weeks ☐ Initial Dose: Inj. 300mg (2 injections) SQ @ weeks 0, 1, 2, 3, 4 ☐ Maintenance Dose: Inj. 300mg (2 injections) SQ every 4 weeks		
☐ **Enbrel**	☐ 50mg/mL Sureclick™ Autoinjector ☐ 50mg/mL Prefilled Syringe ☐ 25mg/0.5mL Prefilled Syringe ☐ 25mg Vial	☐ Inj. 25mg SQ TWICE a week(72-96 hours apart) ☐ Inj. 50mg SQ TWICE a week(72-96 hours apart) ☐ Inj. 50mg SQ ONCE a week		
☐ **Humira**	☐ 20mg Prefilled Syringe ☐ 40mg Pens ☐ 40mg Prefilled Syringe	☐ Inject 20mg SQ every OTHER week ☐ Inject 40mg SQ every OTHER week ☐ Inject 40mg SQ EVERY week		
☐ **Orencia**	☐ 125mg Prefilled Syringe ☐ 125mg Clickject	Inj. 125mg SQ Once per week		
☐ **Otezla**	☐ Titration Starter Pack	Day 1: 10mg PO in the morning Day 2: 10mg PO in the morning and 10mg in the evening Day 3: 10mg PO in the morning and 20mg in the evening Day 4: 20mg PO in the morning and 20mg in the evening Day 5: 20mg PO in the morning and 30 mg in the evening Day 6 and thereafter: 30mg PO BID	1 Pack	0
	☐ 30mg Tablets	☐ Maintenance Dose: 30mg po BID ☐ Other:		
☐ **Otrexup**	_____mg/0.4mL Syringes (4 Pack of Syringes)	Inject _____mg SQ Once Weekly		
☐ **Rasuvo**	_____mg Autoinjector (4 Pack of Syringes)	Inject _____mg SQ Once Weekly		
☐ **Simponi**	☐ 50mg/mL Smartject™ Autoinjector ☐ 50mg/0.5mL Prefilled Syringe	☐ Inj. 50mg ONCE a month		
☐ **Stelara**	☐ 45mg/0.5mL Syringe ☐ 90mg/mL Syringe	☐ Inject _____mg SQ initally and 4 weeks later, then inject 45mg every 12 weeks for maintenance ☐ Other:		
☐ **Xeljanz**	☐ 5mg Tablets ☐ 11mg XR Tablets	☐ Take one 5mg tablet PO twice daily ☐ Take one 11mg XR Tablet Daily		
☐ **Other**				

Prescriber Signature

Dispense As Written Substitution Permissible

Forms and all accompanying documents can be faxed to 480-270-6701 or 1-888-275-7908
Ask our team about our online referral portal which can be used to manage patient referrals