

Patient Information			PLEASE FAX INSURANCE CARD (FRONT AND BACK)			Prescriber Information		
Last Name	First Name	DOB	Practice/Facility Name					
Address			Address					
City	State	ZIP	City	State	ZIP			
SSN			Prescriber Name					
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight (kg)	Height (ft.in)	Prescriber NPI					
Emergency Contact		Phone	Nurse/Key Contact		Phone/Pager			
Insurance Plan		Plan ID #	Fax					

Diagnosis/Clinical Information				PLEASE FAX CLINICAL AND LAB INFORMATION			
Primary Diagnosis:	M06.9 Rheumatoid Arthritis	M08.00 Juvenile Rheumatoid Arthritis	L40.59 Psoriatic Arthritis				
	L40.54 Psoriatic Juvenile Arthritis	M45.9 Ankylosing Spondylitis	Other: _____				
Date of diagnosis/years with the disease:	_____						
Prior Therapy:	No	Yes (provide details): _____					
Concurrent Therapy:	No	Yes (provide details): _____					
TB Test:	No	Yes (date): _____	Results:	_____			

Prescription Information				
MEDICATION	DOSE/STRENGTH	DIRECTIONS FOR USE	QTY	REFILLS
Actemra® IV Administration Current Weight: _____kg	80 mg Vial 200 mg Vial 400 mg Vial	4 mg/kg IV once every 4 weeks Other: _____	QS	
Actemra® SC Administration Current Weight: _____kg	162 mg (0.9 ml) PFS	162 mg SC every other week (<100 kg) 162 mg SC once a week (>/=100 kg)	2 4	
Cimzia®	Starter Dose: 200 mg/ml PFS 200 mg Lyophilized powder vial	Initial dose of 400 mg SC at weeks 0, 2, and 4	6	0
	Maintenance Dose: 200 mg/ml PFS 200 mg Lyophilized powder vial	400 mg SC every 4 weeks 200 mg SC every 2 weeks	4-week supply	
Cosentyx®	150 mg/ml PFS 150 mg/ml Sensoready Pen	No Loading Dose: 150 mg SC every 4 weeks 300 mg SC every 4 weeks	4-week supply	
		Loading Dose: 150 mg SC at weeks 0, 1, 2, and 3 300 mg SC at weeks 0, 1, 2, and 3	4 8	0 0
		Maintenance Dose: 150 mg SC at week 4, then 150 mg SC every 4 weeks thereafter 300 mg SC at week 4, then 300 mg SC every 4 weeks thereafter	1 2	
Enbrel® Adult Dosing	50 mg/ml Sureclick™ Autoinjector 50 mg/ml PFS Enbrel® Mini 50 mg/ml 25 mg Vial (inj supplies included) 25 mg /0.5 ml PFS	Inject 50 mg SC once a week Other: _____	4-week supply	
Enbrel® Pediatric Dosing Children ≥ 2 years old and adolescents Current weight: _____kg	25 mg/0.5 ml PFS 25 mg Vial (inj supplies included) 50 mg/ml PFS Enbrel® Mini 50 mg /ml Sureclick™ Autoinjector	<63 kg: Inject 0.8 mg/kg (____mg) SC once weekly (max 50 mg per dose) >63 kg: Inject 50 mg SC once weekly (Children must weigh at least 138 pounds)	4-week supply	

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution: _____

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (date)

DISPENSE AS WRITTEN/Do Not Substitute (date)

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