MAIN POINT OF CONTACT

Name:_____

Phone:_____

ASP CARES

Rheumatology

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

Fax: 1 (888) 294-9434

Injection Training: ☐ MD Office ☐ Pharmacy to Arrange

Ship To : ☐ Patient Home ☐ MD Office

PATIENT INFORMATION (Use this area or attach patient demographics)

Name:_____ Phone:_____ Phone 2:_____

Home Address:_____ City:_____ State:_____ Zip Code:_____

DOB:_____ SSN:_____ Sex: ☐ Male ☐ 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
☐ Actemra	162mg/0.9mL prefilled syringe	☐ Patients weighing <100kg: inject 162mg SC every other week,followed by an increase to every week based on clinical response. ☐ Patients weighing ≥100kg: inject 162mg SC every week.		
☐ Cimzia	☐ Cimzia Starter Kit (6 prefilled Syringes)	Induction Dose: Inject 400mg SC on day 1, at week 2, and at week 4.	1 kit	0
	☐ 200mg/1mL prefilled syringe ☐ 200mg vial	☐ Maintenance Dose: Inject 200mg SC every OTHER week. ☐ Maintenance Dose: Inject 400mg SC every FOUR weeks. ☐ Other:_____		
☐ Cosentyx	☐ Carton of one 150 mg/mL single-use Sensoready pen (injection) ☐ Carton of two 150 mg/mL (300 mg dose) single-use Sensoready pens (injection) ☐ Carton of one 150 mg/mL single-use prefilled syringe (injection) ☐ Carton of two 150 mg/mL (300 mg dose) single-use prefilled syringe (injection)	Psoriatic Arthritis with Coexistet Moderate to Severe Plaque Psoriasis ☐ Loading Dose: Inject 300 mg (two injections) SC at weeks 0,1,2,3, and 4. ☐ Maintenance Dose: Inject 300mg (two injections) SC every 4 weeks. Other Psoriatic Arthritis or Anklosing Spondylitis ☐ With loading Dose: Inject 150 mg (one injection) SC at weeks 0,1,2,3,and 4, and with every 4 weeks thereafter. ☐ Without Loading Dose: Inject 150 mg (one injection) SC every 4 weeks. ☐ Other:_____		
☐ Enbrel	☐ 25 mg/0.5 mL prefilled syringe ☐ 25 mg vial ☐ 50 mg/mL Sureclick Autoinjector ☐ 50 mg/mL prefilled syringe	☐ Inject 25 mg SC TWICE a week (72-96 hours apart) ☐ Inject 50 mg SC ONCE a week ☐ Other:_____		
☐ Humira	☐ 20 mg/0.4mL prefilled syringe ☐ 40 mg/0.8mL prefilled syringe ☐ 40 mg/0.8mL pen	☐ Inject 20 mg SC every OTHER week ☐ Inject 40 mg SC every OTHER week. ☐ Other:_____		
☐ 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		
☐ Orencia	☐ 125mg prefilled syringe ☐ ClickJect Autoinjector 125mg/mL pack of 4	☐ Inject 125mg SC every week ☐ After Single IV Loading Dose: Inject 125mg SC within a day and 125mg SC every week thereafter ☐ Patients Unable to Receive an IV Loading Dose: Inject 125mg SC every week ☐ Patients Transitioning from IV Infusion Therapy: Inject 125mg SC instead of the next scheduled IV dose, followed by 125mg SC injections every week thereafter		
☐ Simponi	☐ 50 mg/0.5mL prefilled SmartJect Autoinjector ☐ 50 mg/0.5mL prefilled syringe	Inject 50mg SC once a month		
☐ Stelara	☐ 45mg/0.5mL prefilled syrige ☐ 90mg/mL prefilled syringe	☐ Patients weighing <100kg: inject 45mg SC initially and 4 weeks later, followed by 45mg every 12 weeks. ☐ 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:_____**

Please fax completed form to 1 (888) 294-9434