

RHEUMATOLOGY ENROLLMENT FORM

PHONE - (877)501-6800 - FAX (877)501-6844 - www.Apex-iv.com

PATIENT INFORMATION

Patient Name		Parent/Guardian (if applicable)		<input type="checkbox"/> All Insurance Info Attached	
Address		City	State	Zip	
Main Phone	Alternate Phone	Email Address			
Date of Birth	Male	Female	Height (required)	Weight (required)	
			inches	pounds	
Other Drugs Used to Treat Patient's Condition					
Home Infusion	Ship to MDO	Arcadia Infusion Suite	Allergies		

CLINICAL INFORMATION - PRIMARY DIAGNOSIS - ICD-10

Ankylosing Spondylitis	Polyarticular Juvenile Idiopathic Arthritis	Rheumatoid Arthritis
Systemic Juvenile Idiopathic Arthritis	Psoriatic Arthritis	Other _____

PRESCRIPTION AND ORDERS

PRESCRIPTION	DIRECTIONS	QUANTITY Refills	FORMS
Actemra® (tocilizumab)	Inject 162 mg subcut every week Inject 162 mg subcut every other week	4 x 162 mg/0.9mL 2 x 162 mg/0.9mL	Pens Vials PFS
Cimzia® (certolizumab)	Inject 200 mg subcut at weeks 0, 2 and 4 Inject 200 mg subcut every 2 weeks Inject 400 mg subcut every 4 weeks	6 x 200 mg/mL 2 x 200 mg/mL	Vials PFS
Cosentyx® (secukinumab)	Inject 150 mg subcut once weekly at weeks 0, 1, 2, and 3 Inject 300 mg subcut once weekly at weeks 0, 1, 2, and 3 Inject 150 mg subcut on week 4 and every 4 weeks thereafter Inject 300 mg subcut on week 4 and every 4 weeks thereafter	4 x 150 mg/mL 8 x 150 mg/mL 1 x 150 mg/mL 2 x 150 mg/mL	Sensoready® Pen PFS Sensoready® Pen PFS
Enbrel® (etanercept)	Inject 50 mg subcut every week	4 x 50 mg/mL	PFSureClick® Autoinjector Mini Cartridge PFS
Humira® (adalimumab)	Inject 40 mg subcut every other week (≥30kg) Inject 40 mg subcut every other week (≥30kg) Inject 40 mg subcut once weekly Inject 40 mg subcut every other week (≥30kg) Inject 40 mg subcut once weekly Inject 40 mg subcut once weekly Inject 150 mg subcut every other week Inject 40 mg subcut once weekly Inject 150 mg subcut every other week Inject 200 mg subcut every other week	2 x 40 mg/0.4mL CF 2 x 40 mg/0.8mL 4 x 40 mg/0.4 mL CF 4 x 40 mg/0.4 mL CF 2 x 150 mg/1.14mL 2 x 200 mg/1.14mL	Pens PFS
Orencia® (abatacept)	Infuse ____ mg intravenously at week 0 only Infuse ____ mg intravenously at weeks 0 and 2 (JIA <75 kg: 10 mg/kg; JIA ≥75 kg or RA: <60 kg: 500 mg. 60-100 kg: 750 mg. >100 kg: 1000mg) Infuse ____mg at week 4 and every 4 weeks thereafter (JIA <75 kg: 10 mg/kg JIA ≥ 75 kg or RA: <60 kg: 500 mg. 60-100 kg: 750 mg. >100 kg: 1000mg) Inject 125 mg subcut once weekly	28 day supply 28 day supply 4 x 125 mg/mL	Vials Vials PFS ClickJet™
Rituxan® (rituximab)	Infuse ____ mg intravenously every ____ weeks	28 day supply	Vials
Stelara® Ustekinumab	Inject 45 mg subcut on Day 1 (≤ 100 kg) Inject 90 mg subcut on Day 1 (> 100 kg) Inject 45 mg subcut on Day 29 and every 12 weeks thereafter (≤ 100 kg) Inject 90 mg subcut on Day 29 and every 12 weeks thereafter (> 100 kg)	1 x 45 mg/0.5mL 1 x 90 mg/mL 1 x 45 mg/0.5mL 1 x 90 mg/mL	PFS PFS
Other			

Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Prescriber's Signature (no stamps) _____

License: _____

DEA: _____

NPI: _____

By signing this form and utilizing our services, you are authorizing Apex Infusion Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance.