Rheumatology (A-O)

(Actemra® , Cimzia® , Cosentyx® , Enbrel® , Humira®, Orencia®)

Employee Owned Thrifty White PHARMACY Specialty Services
toll-free phone 855.611.3399
toll-free fax 855.826.2596

Patient Information

Patient Name: _____ DOB: _____
Sex: ❑ Female ❑ Male SS #: _____
1˚ Language: _____ Wt: _____ ❑kg ❑lbs Ht: _____❑cm ❑in
Address: _____
Apt/Suite: _____ City: _____ State: _____ Zip: _____
Phone: _____ Alternate Phone: _____
Caregiver Name: _____ Relation: _____
Local Pharmacy: _____ Phone: _____
Insurance Plan: _____ Plan ID #: _____
Please fax a copy of front and back of the insurance card(s).

Prescriber + Shipping Information

Prescriber Name: _____
NPI #: _____
Address: _____
Apt/Suite #_____ City:_____ State: _____ Zip: _____
Contact: _____
Phone: _____ Alternate: _____
Fax: _____
Email Address: _____
If shipping to prescriber: ❑ 1st Fill ❑ Always ❑ Never

Clinical Information (Please fax all pertinent clinical and lab information)

Diagnosis (ICD-10): ❑ M06.9 (Rheumatoid Arthritis) ❑ M08.0 (Juvenille Idiopathic Arthritis) ❑ L40.59 (Psoriatic Arthritis)
❑ L40.54 (Psoriatic Juvenille Arthritis) ❑ M45.9 (Ankylosing Spondylitis) ❑ Other: _____
Date of Diagnosis: _____ Date of negative TB test: _____ Any prior treatment: ❑ No ❑ Yes (provide information below)

Prior Therapy	Reason for Discontinuation of Therapy	Approximate Start Date	Approximate End Date

Comorbidities: _____
Concomitant Medications: _____
Allergies: ❑ NKDA ❑ Other: _____

Prescription Information

❑ Actemra®

❑ Inject 162 mg subcut every other week (<100 kg) ❑ Inject 162 mg subcut every week (≥100 kg)
Qty: ❑ 2 PFS ❑ 4 PFS Refills: _____

❑ Cimzia®

Starter: ❑ Inject 400 mg subcut at weeks 0, 2 and 4
Qty: ❑ 1 starter kit (6 x 200mg/mL PFS) ❑ 3 cartons (2 x 200mg/mL vials/carton)

Maintenance: ❑ Inject 400 mg subcut every 4 weeks ❑ Inject 200 mg subcut every 2 weeks
Qty: 1 carton (2 x 200 mg) ❑ PFS ❑ Vials Refills: _____

❑ Cosentyx®

To order Cosentyx® please see the Novartis service request form at cosentyxhcp.com/get-your-patients-started To ensure prescription is forwarded to Thrifty White specify Thrifty White as the preferred specialty pharmacy.

❑ Enbrel®

❑ Inject 50 mg subcut every week ❑ _____
Qty: ❑ 1 carton (4 x 50mg/mL) ❑ _____
❑ SureClick® ❑ PFS ❑ Vials Refills: _____

❑ Humira®

❑ Inject 40 mg subcut every other week (≥30 kg) ❑ Inject 40 mg subcut **once a week** (≥30 kg)
❑ Inject 20 mg subcut every other week (15 to <30 kg) ❑ Inject 10 mg subcut every other week (10 to <15 kg)
Qty: ❑ **1** carton (2 x 40 mg/0.8mL **Pens**) ❑ **1** carton (2 x 40 mg/0.8mL **PFS**)
❑ **2** carton (2 x 40 mg/0.8mL **Pens**) ❑ **2** carton (2 x 40 mg/0.8mL **PFS**)
❑ 1 carton (2 x **20** mg/0.8mL PFS) ❑ 1 carton (2 x **10** mg/0.8mL) Refills: _____

❑ Orencia® (JIA <75 kg) ONLY

Starter: ❑ Infuse 10 mg/kg at weeks 0 and 2
Qty: _____ vials (250 mg/vial)

Maintenance: ❑ Infuse 10 mg/kg at week 4 and every 4 weeks thereafter
Qty: _____ vials (250 mg/vial) Refills: _____

❑ Orencia®

Starter: ❑ Infuse weight-range based at week 0 **Only**
❑2 vials (<60 kg) ❑ 3 vials (60-100 kg) ❑ 4 vials (>100 kg)

Starter: ❑ Infuse weight-range based at weeks 0 and 2
❑ 4 vials (<60 kg) ❑ 6 vials (60-100 kg) ❑ 8 vials (>100 kg)

Maintenance: ❑ Inject 1 PFS (125 mg) subcut once weekly ❑ Infuse weight-range based at week 4 and every 4 weeks
Qty: ❑ 4 PFS ❑ 2 vials (<60 kg) ❑ 3 vials (60-100 kg) ❑ 4 vials (>100 kg) Refills: _____

§ Otezla® ,Simponi®, Simponi® Aria, Stelara®, Xeljanz® are available on the Rheumatology Enrollment Form O-Z §

Injection Training Provided by: ❑ Prescriber's Office ❑ Pharmacy ❑ Other: _____

Per state-specific law, prescriptions will be dispensed as generic, if applicable, unless notated otherwise: _____

Prescriber's Signature:_____ Date: _____

I authorize Thrifty White Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process for this prescription and any future fills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time by providing written notice to Thrifty White Specialty Pharmacy.