Rheumatology Enrollment Form		Century Specialty Script			10			
Date:			erral To: 877-521-5353	CENTURY SPECIAL	TY SCRIPT.			
☐ Current Pa	atient New Patient	Ph	ione: 800-521-3949					
	Patient Information	L	Pre	scriber Information	on			
Patient Name	e:		Prescriber Name:					
	p:							
	:							
Cell Phone: _								
Alternate Pho	one:			NPI #:				
DOB:	Gender: $\ \square$	M 🗆 F	Contact Person:					
		Insu	rance Information					
Primary Insur	rance:		ID#:	Group:				
Secondary Insurance:								
	Card: ID#:							
	Clinical Information	າ (Please fa	x all pertinent clinical and l	ab information)				
☐ M06.9 (Rh	eumatoid Arthritis) M08.0 (Juver				atic Juven	ile Arthritis)		
	kylosing Spondylitis) M32.9 (Sys							
	te:		,					
Ü		linical Asse	ssment (Fill in below or atta	ch lab work)				
Primary Diag	nosis Code & Condition:							
	ender Joints: Nur							
	apy Induction Stop Date:							
	ontinuation Stop Date:			eted: 🗆 0 🗆 2		□ 6		
	· · · 		·					
	Date (Please provide copy of result)							
i b itcouito d	bate (i lease provide copy of result)	·						
	sity Score & Date (Please provide a c							
					Qty	Refills		
☐ Bone Dens	sity Score & Date (Please provide a c	copy of results	s):					
☐ Bone Dens Medication Actemra	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL	copy of result:	S): Directions	every 2 weeks every week				
☐ Bone Dens	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC □ >100kg Inject 162mg/0.9mL SC □ IV Starter Dose: Infuse 10mg/kg	every 2 weeks every week				
☐ Bone Dens Medication Actemra	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses	every 2 weeks every week g every 2 weeks for				
☐ Bone Dens Medication Actemra	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC □ >100kg Inject 162mg/0.9mL SC □ IV Starter Dose: Infuse 10mg/kg	every 2 weeks every week g every 2 weeks for g every 4 weeks				
☐ Bone Dens Medication Actemra	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/kg Inject 200mg SC once weekly (if administer first SC dose 1-4 weekly starter dose)	every 2 weeks every week g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose)				
☐ Bone Dens Medication Actemra	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/kg Inject 200mg SC once weekly (if administer first SC dose 1-4 weekly Starter Dose: Inject 400mg SC of Starter Dose: Inj	every 2 weeks every week g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4				
☐ Bone Dens Medication Actemra Benlysta	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/k Inject 200mg SC once weekly (if administer first SC dose 1-4 weekly Starter Dose: Inject 400mg SC once Starter Dose: Inject 400mg SC once Maintenance Dose: Inject 200m	every 2 weeks every weeks g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) m week 0, 2, and 4 ng SC every 2 weeks				
☐ Bone Dens Medication Actemra Benlysta Cimzia	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/kg Inject 200mg SC once weekly (if administer first SC dose 1-4 weekly inject 400mg SC once Starter Dose: Inject 400mg SC once Maintenance Dose: Inject 200m Maintenance Dose: Inject 400m	every 2 weeks every weeks g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) m week 0, 2, and 4 ng SC every 2 weeks ng SC once a month	Qty			
☐ Bone Dens Medication Actemra Benlysta	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/k Inject 200mg SC once weekly (if administer first SC dose 1-4 weekly Starter Dose: Inject 400mg SC once Starter Dose: Inject 400mg SC once Maintenance Dose: Inject 200m	every 2 weeks every weeks g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) m week 0, 2, and 4 ng SC every 2 weeks ng SC once a month				
☐ Bone Dens Medication Actemra Benlysta Cimzia	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/kg Inject 200mg SC once weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer Dose: Inject 200mg SC once Maintenance Dose: Inject 200mg Maintenance Dose: Inject 400mg Starter Dose: Inject 150mg SC of and 4 Maintenance: Inject 150mg SC of and 4 Maintenance: Inject 150mg SC of and 4	every 2 weeks every weeks g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks	Qty			
☐ Bone Dens Medication Actemra Benlysta Cimzia	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/kg Inject 200mg SC once weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-5 weekly (if administer first SC dose 1-6 weekly (if administer first SC dose 1-7 weekly (if administer first SC dose 1-8 weekly	every 2 weeks every weeks g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks	Qty			
☐ Bone Dens Medication Actemra Benlysta Cimzia	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/kg Inject 200mg SC once weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-5 weekly (if administer first SC dose 1-6 weekly (if administer first SC dose 1-7 weekly	every 2 weeks every weeks g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3,	Qty			
Medication Actemra Benlysta Cimzia Cosentyx	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial 150mg Sensoready Pen 300mg Sensoready Pen	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/kg Inject 200mg SC once weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-5 dose 1-4 weekly (if administer first SC dose 1-5 dose 1-6 dose 1-7 dose 1 do	every 2 weeks every weeks g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3,	Qty			
☐ Bone Dens Medication Actemra Benlysta Cimzia	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial 150mg Sensoready Pen 300mg Sensoready Pen	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/kg Inject 200mg SC once weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-5 weekly (if administer first SC dose 1-6 weekly (if administer first SC dose 1-7 weekly (if administer first SC dose 1-8 weekly	every 2 weeks every week g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3,	Qty			
Medication Actemra Benlysta Cimzia Cosentyx	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial 150mg Sensoready Pen 300mg Sensoready Pen 50mg Syringe 0.25mg Vial 50mg Syringe 50mg SureClid	copy of result:	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/kg Inject 200mg SC once weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-5 weekly (if administer first SC dose 1-6 weekly (if administer first SC dose 1-7 weekly (if administer first SC dose 1-8 weekly	every 2 weeks every week g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3,	Qty			
Medication Actemra Benlysta Cimzia Cosentyx	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial 150mg Sensoready Pen 300mg Sensoready Pen	ck Pen	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/k administer first SC dose 1-4 wee Starter Dose: Inject 400mg SC of Maintenance Dose: Inject 200m Maintenance Dose: Inject 400mg SC of Maintenance Dose: Inject 400mg SC of Maintenance Dose: Inject 300mg SC of and 4 Maintenance: Inject 300mg SC of Starter Dose: Inject 300mg SC of Inject 50mg SC every week Inject 50mg SC every week Inject 2 syringes (105mg each) fo	every 2 weeks every week g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3,	Qty			
Medication Actemra Benlysta Cimzia Cosentyx Enbrel Evenity	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial 150mg Sensoready Pen 300mg Sensoready Pen 300mg Sensoready Pen 50mg Syringe 0.25mg Vial 50mg Syringe 50mg SureClic	ck Pen	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/kg Inject 200mg SC once weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-4 weekly (if administer first SC dose 1-5 weekly (if administer first SC dose 1-6 weekly (if administer first SC dose 1-7 weekly (if administer first SC dose 1-7 weekly (if administer first SC dose 1-8 weekly (if	every 2 weeks every weeks g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on total dose of	Qty 5 1 10 2			
Medication Actemra Benlysta Cimzia Cosentyx Enbrel	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial 150mg Sensoready Pen 300mg Sensoready Pen 50mg Syringe 0.25mg Vial 50mg Syringe 50mg SureClic	ck Pen	Directions <100kg Inject 162mg/0.9mL SC >100kg Inject 162mg/0.9mL SC IV Starter Dose: Infuse 10mg/kg 3 doses IV Maintenance: Inject 10mg/k administer first SC dose 1-4 wee Starter Dose: Inject 400mg SC of Maintenance Dose: Inject 200m Maintenance Dose: Inject 400mg SC of Maintenance Dose: Inject 400mg SC of Maintenance Dose: Inject 300mg SC of and 4 Maintenance: Inject 300mg SC of Starter Dose: Inject 300mg SC of Inject 50mg SC every week Inject 50mg SC every week Inject 2 syringes (105mg each) fo	every 2 weeks every week g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on total dose of once daily	Qty 5 1 10 2			
Medication Actemra Benlysta Cimzia Cosentyx Enbrel Evenity Forteo	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial 150mg Sensoready Pen 300mg Sensoready Pen 50mg Syringe 50mg SureClic Mini 50mg/mL 105mg/1.17mL	ck Pen Syringe 0.4mL Pen	Directions S:	every 2 weeks every week g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on total dose of once daily k (10 to <15kg) k (15 to <30kg)	Qty 5 1 10 2			
Medication Actemra Benlysta Cimzia Cosentyx Enbrel Evenity Forteo	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial 150mg Sensoready Pen 300mg Sensoready Pen 50mg Syringe 0.25mg Vial 50mg Syringe 50mg SureClic Mini 50mg/mL 105mg/1.17mL 600mcg/2.4mL PFS 10mg Syringe 20mg S	ck Pen Syringe 0.4mL Pen	Directions S:	every 2 weeks every week g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on total dose of once daily k (10 to <15kg) k (15 to <30kg)	Qty 5 1 10 2			
Medication Actemra Benlysta Cimzia Cosentyx Enbrel Evenity Forteo	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial 150mg Sensoready Pen 300mg Sensoready Pen 50mg Syringe 0.25mg Vial 50mg Syringe 50mg SureClic Mini 50mg/mL 105mg/1.17mL 600mcg/2.4mL PFS 10mg Syringe 20mg S	ck Pen Syringe 0.4mL Pen	Directions S:	every 2 weeks every week g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on total dose of once daily k (10 to <15kg) k (15 to <30kg)	Qty 5 1 10 2			
Medication Actemra Benlysta Cimzia Cosentyx Enbrel Evenity Forteo	Dose Strength Prefilled Syringe 162mg/0.9mL Auto Injector 162mg/0.9mL 10mg/kg 200mg PFS 200mg Autoinjector Starter Kit Syringe Vial 150mg Sensoready Pen 300mg Sensoready Pen 50mg Syringe 0.25mg Vial 50mg Syringe 50mg SureClic Mini 50mg/mL 105mg/1.17mL 600mcg/2.4mL PFS 10mg Syringe 20mg S	ck Pen Syringe 0.4mL Pen	Directions S:	every 2 weeks every week g every 2 weeks for g every 4 weeks switching from IV ks after last IV dose) on week 0, 2, and 4 ng SC every 2 weeks ng SC once a month on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on week 0, 1, 2, 3, every 4 weeks on total dose of once daily k (10 to <15kg) k (15 to <30kg)	Qty 5 1 10 2			

Rheumatology Enrollment Form		Centur	Century Specialty Script			6		
Date:		Fax Referr	Fax Referral To: 877-521-5353		CENTURY SPECIALT	SCRIPT.		
☐ Current Patio			ne: 800-521-3949	800-521-3949		SCRIPT.		
	Patient Informat	ion		Prescri	ber Informatio	n		
Patient Name: _			Prescriber Nan	ne:				
	e:							
DOB:	Gender	r: 🗆 M 🗆 F						
			nce Information					
Primary Insuran	ce:		ID#:		Group:			
	ance:				Group:			
Prescription Car	d: ID#	:	BIN#: F	PCN#:	Group:			
Diagnosis Date:	Diagnosis a	nd Clinical Assessr	ment (Fill in belov	w or attach	lab work)			
				Joints Affected:				
			ints: Current Weight: Date:					
☐ New Therapy Induction Stop Date:			Weeks Completed: □ 0 □ 2 □ 4 □ 6					
	illidation Stop Date		⊔ wee	ks Completed	. 🗆 0 🗆 2	□ 4		
	te (Please provide copy of r	escult):						
	Score & Date (Please provi							
Medication	Dose Stre			Directions		Qty	Refills	
Kevzara	☐ 150mg/1.14mL PFS ☐	_	☐ Inject 200mg SC☐ Other:		weeks	Qiy	Remis	
Krystexxa	□ 8mg/mL		☐ Infuse 8mg in 250mL of NS over 120 minutes once every 2 weeks					
Olumiant	☐ 2mg Tablet	☐ 1mg Tablet	☐ Take one tablet PO daily					
Orencia	☐ 125mg Pen☐ 125mg Pen Syringe	□ 250mg Vial	□ IV Dosage: Infusemg at weeks 0, 2, 4 then every 4 weeks thereafter □ SC Dosage: Inject 125mg SC once a week					
Otezla	☐ Starter Pack	□ 30mg Tablet	☐ Starter Pack: Use ☐ Maintenance Do		ablet PO BID			
Prolia	☐ 60mg PFS		☐ Inject 1 syringe S	C every 6 mor	nths			
☐ Avsola ☐ Inflectra ☐ Remicade ☐ Renflexis	□ 100mg Vial		☐ Loading Dose: Infuse 5mg/kg at weeks 0, 2, & 6 ☐ Maintenance Dose: Infuse 5mg/kg every 8 weeks					
Rinvoq	□ 15mg		☐ Take 1 tablet PO	daily				
☐ Rituxan ☐ Truxima	☐ 100mg Vial	□ 500mg Vial	☐ Infuse 1000mg o	n day 1 and da	ay 15			

Prescriber Signature: _

DAW (Dispense as Written) Date: _

Rheumatology Enrollment Form		Century Specialty Script	<u>k</u> e	
Date:		Fax Referral To: 877-521-5353	SPECIALTY SCRIPT.	
☐ Current Patient	☐ New Patient	Phone: 800-521-3949		
Pa	atient Information	Pres	criber Information	
Patient Name:		Prescriber Name:		
			NPI #:	
DOB:	Gender: 🗆 I			
		Insurance Information		
Drimary Incurance			Crauni	
			Group:	
	ID#:			
Prescription Card.				
		(Please fax all pertinent clinical and la		
		le Idiopathic Arthritis) \square L40.59 (Psoriatic Arth		
☐ M45.9 (Ankylosing Sp	ondylitis) 🗌 M32.9 (Syst	emic Lupus Erythematosis) \Box Other:		
Diagnosis Date:				
		nical Assessment (Fill in below or atta		
		Joints Affecte		
		ber of Swollen Joints: Current V		
		☐ Therapy Chang		
☐ Therapy Continuation	Stop Date:		red: □ 0 □ 2 □ 4 □ 6	
Allergies:				
TB Results & Date (Pleas	se provide copy of result):			
☐ Bone Density Score &	Date (Please provide a co	ppy of results):		
Medication	Dose Strength	Directions	Qty Refills	
Simponi/Simponi Aria	Simponi:	Simponi:		
	☐ SmartJect 50mg/0.5n			
	☐ 50mg/0.5mL PFS Simponi Aria:	Simponi Aria: ☐ Infusemg(2mg/kg) IV (wer 30	
	□ 50mg/4mL Vial	minutes at 0 and 4 weeks, then every		
Stelara	☐ 45mg/0.5mL PFS	☐ Inject 45mg SC on Day 1 (<100kg)		
	☐ 90mg/mL PFS	☐ Inject 90mg SC on day 1 (>100kg)		
		\square Inject 45mg SC on Day 29 and every 1	2 weeks	
		thereafter (<100kg)		
		☐ Inject 90mg SC on Day 29 and every 1 thereafter (>100kg)	2 weeks	
		thereafter (>100kg)		
Taltz	☐ 80mg/mL AutoInjecto	□ Starter Dose: Inject 160mg SC on Day □ Maintenance: Inject 80mg SC every 4		
Tymlos	☐ 80mcg/0.04mL	☐ Inject 80mcg SC once daily into periu		
		region; give with supplemental calciur		
		Vitamin I) if dietary intake is not adedi	iate	
		vitamin D if dietary intake is not adeq		
Xeljanz/XR	Xeljanz:	Xeljanz:		
Xeljanz/XR	☐ 5mg Tablet	Xeljanz: Take one tablet twice daily	□ 60	
Xeljanz/XR	☐ 5mg Tablet Xeljanz XR:	Xeljanz: ☐ Take one tablet twice daily Xeljanz XR:		
Xeljanz/XR	☐ 5mg Tablet	Xeljanz: Take one tablet twice daily	□ 60 □ 30	

DAW (Dispense as Written) Date: _

Prescriber Signature: