

Fax Referral To:
814-283-2211
Phone 855-265-8008



Rheumatology Enrollment Form

1333 Plank Road, Suite 200, Duncansville, PA 16635

Ship to: Patient Office Other

Date: _____ Needs by date: _____

Is patient new to this therapy?
 YES NO

Documents necessary for facilitation of referral: Enrollment form Front/Back copies of all insurance/prescription cards Labwork and medication profile

PATIENT INFORMATION

(Complete the following or send patient demographic sheet)

Patient Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Alternate Phone: _____
 SS #: _____
 Date of Birth: _____ Gender: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____
 NPI #: _____
 DEA #: _____ State License #: _____
 Group or Hospital: _____
 Address: _____
 City, State Zip: _____
 Phone: _____ Fax: _____
 Contact Person: _____ Phone: _____

Diagnosis: _____ **Additional Clinical Information:** _____

Please include diagnosis name and ICD-10: _____
 Weight: _____ kg/lbs • Height: _____ in/cm
 Allergies: _____
 Failed Therapies/Dates: _____

INJECTION TRAINING MD to coordinate Value Specialty Pharmacy to coordinate

- Actemra 162mg/0.9ml prefilled syringe
 - Inject 162mg subcutaneously every 7 days
 - Inject 162mg subcutaneously every 14 days
- Cimzia
 - 200mg/ml prefilled syringe
 - 200mg/ml vial
 - Induction: Inject 400mg subcutaneously on days 0, 14, 28
 - Maintenance: Inject 400mg subcutaneously every 28 days
 - Maintenance: Inject 200mg subcutaneously every 14 days
- Enbrel
 - 50mg/ml prefilled syringe – Inject 50mg subcutaneously every 7 days
 - 50mg/ml Sureclick autoinjector – Inject 50mg subcutaneously every 7 days
 - 25mg vial - Inject per weight based dosing (juvenile idiopathic arthritis)
- Humira
 - 40mg/0.8ml pen
 - 40mg/0.8ml prefilled syringe
 - Inject 40mg subcutaneously every 14 days
- Orencia
 - 125mg/ml syringe
 - 125mg/ml Clickject Autoinjector
 - Inject 125mg subcutaneously every 7 days
- Otezla
 - 10mg/20mg/30mg starter pack
 - 30mg
 - Titration Schedule: Day 1-10mg in AM, Day 2- 10mg twice daily, Day 3 – 10mg in AM, 20mg in PM, Day 4 – 20mg twice daily, Day 5 – 20mg in AM, 30mg in PM, then 30mg twice daily
 - 30mg twice daily
- Otrexup
 - 10mg/0.4ml autoinjector 20mg/0.4ml autoinjector Inject _____ mg via autoinjector
 - 15mg/0.4ml autoinjector 25mg/0.4ml autoinjector subcutaneously every 7 days.
- Simponi
 - 50mg/0.5ml syringe
 - 50mg/0.5ml autoinjector
 - Inject 50mg subcutaneously every 28 days
- Stelara
 - 45mg/0.5ml prefilled syringe (<100kg)
 - 90mg/ml prefilled syringe (>100kg)
 - Induction: Inject _____ mg subcutaneously at days 0 and 28
 - Maintenance: Inject _____ mg subcutaneously every 84 days (12wks)
- Xeljanz
 - 5mg – one tablet twice daily
 - 5mg – one tablet once daily
 - Extended Release 11mg – one tablet daily

QUANTITY AND REFILLS: Dispense # _____ with _____ refills.

My signature below authorizes Value Specialty Pharmacy staff to act as my authorized agent to complete the insurance prior authorization process for my patient listed above. My authorization shall include any required signatures by Value Specialty Pharmacists on my behalf to facilitate this process and acknowledge their authorized access to necessary healthcare data to complete said processes.

Physician Signature

This prescription will be filled generically unless prescriber writes "DAW" in the box to the right