



## RHEUMATOLOGY

E-SCRIBE and FAX ENROLLMENT FORM

☐ **NOBLE NORTHEAST:** E-Scribe: **NOBLE** | Fax: **888-842-3977** | Tel: 888-843-2040

☐ **NOBLE SOUTHEAST:** E-Scribe: **NOBLEMS/TRANSCRIPT** | Fax: **601-420-4040** | Tel: 866-420-4041

Delivery Needed By: \_\_\_\_\_ Deliver to: ☐ Patient's Home ☐ Physician's Office ☐ Other: \_\_\_\_\_

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Male: ☐ Prescriber: \_\_\_\_\_

Address: \_\_\_\_\_ Female: ☐ Office Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Translator: Yes ☐ No ☐ Language: \_\_\_\_\_ DEA/NPI #: \_\_\_\_\_

Patient interested in: Support Programs ☐ Ancillary Supplies ☐ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PRESCRIBER INFORMATION

### INSURANCE INFORMATION - PLEASE FAX A COPY OF FRONT & BACK OF PRESCRIPTION CARD

### CLINICAL INFORMATION

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Has the patient been treated previously for this condition: Yes ☐ No ☐ Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ lbs

Allergies: \_\_\_\_\_ Medications On: \_\_\_\_\_

Other Notes: \_\_\_\_\_ Medications Failed: \_\_\_\_\_

#### ACTEMRA®

##### Dosage/Strength:

- ☐ 162mg/0.9ml prefilled syringe  
☐ 162mg/0.9ml ACTPen autoinjector  
☐ 80mg/4ml vial  
☐ 200mg/10ml vial  
☐ 400mg/20ml vial

##### Directions:

- ☐ Inject \_\_\_\_\_ SC every other week  
☐ Inject \_\_\_\_\_ SC every week

##### Loading Dose:

- ☐ 4mg/kg every 4 weeks

##### Maintenance Dose:

- ☐ 8mg/kg every 4 weeks

Quantity: ☐ 4-week supply

##### Refill:

#### AMJEVITA® CITRATE-FREE (HUMIRA BIOSIMILAR)

##### Dosage/Strength:

- ☐ 20mg/0.4ml prefilled syringe  
☐ 40mg/0.8ml prefilled syringe  
☐ 40mg/0.8ml prefilled pen

##### Directions:

- ☐ Inject 40mg every other week  
☐ Inject 40mg every week

Quantity: \_\_\_\_\_

##### Refill:

#### CIMZIA®

##### Dosage/Strength:

- ☐ 200mg/ml prefilled syringe ☐ Starter Kit

##### Directions:

###### Loading Dose:

- ☐ Inject 400mg SC at weeks 0, 2, and 4

###### Maintenance Dose:

- ☐ Inject 200mg SC every other week  
☐ Inject 400mg SC every 4 weeks  
☐ Other:

Quantity: ☐ 4-week supply

##### Refill:

#### COSENTYX®

##### Dosage/Strength:

- ☐ 75mg syringe ☐ 150mg pen  
☐ 150mg syringe

##### Directions:

###### Loading Dose:

- ☐ Inject 150mg at weeks 0, 1, 2, 3, 4  
☐ Inject 300mg at weeks 0, 1, 2, 3, 4

###### Maintenance Dose:

- ☐ Inject 150mg every 4 weeks  
☐ Inject 300mg every 4 weeks

##### Quantity:

- ☐ 5-week supply (Loading)  
☐ 4-week supply (Maintenance)

##### Refill:

#### CUPRIMINE® PENICILLAMINE

Dosage/Strength: ☐ 250mg capsules

##### Directions:

- ☐ Take 250mg by mouth 4 times a day  
☐ Other:

Quantity: ☐ 120 capsules

##### Refill:

#### CYLTEZO® CITRATE-FREE (HUMIRA INTERCHANGEABLE BIOSIMILAR)

##### Dosage/Strength:

- ☐ 20mg/0.4ml prefilled syringe  
☐ 40mg/0.8ml prefilled syringe  
☐ 40mg/0.8ml prefilled pen

##### Directions:

- ☐ Inject 40mg every other week  
☐ Inject 40mg every week

Quantity: \_\_\_\_\_

##### Refill:

#### DEPEN PENICILLAMINE

Dosage/Strength: ☐ 250mg capsules

##### Directions:

- ☐ Take 250mg by mouth 4 times a day  
☐ Other:

Quantity: ☐ 120 capsules

##### Refill:

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Allergies: \_\_\_\_\_ Medications On: \_\_\_\_\_

Other Notes: \_\_\_\_\_ Medications Failed: \_\_\_\_\_

#### ENBREL® AND ENBREL® MINI

##### Dosage/Strength:

- ☐ 25mg/0.5ml prefilled syringe  
☐ 50mg/ml single-use prefilled syringe  
☐ 50mg/ml prefilled pen  
☐ 25mg vial  
☐ 50mg Enbrel® Mini single-dose prefilled cartridge

##### Directions:

- ☐ Inject 50mg SC twice a week (72-96 hrs apart)  
☐ Inject 50mg SC once a week  
☐ Inject 25mg SC twice a week (72-96 hrs apart)  
☐ Other:

Quantity: ☐ 4-week supply

##### Refill:

#### HADLIMA® (HUMIRA BIOSIMILAR)

##### Dosage/Strength:

- ☐ 40mg/0.4ml syringe  
☐ 40mg/0.8ml syringe  
☐ 40mg/0.4ml Pushtouch syringe  
☐ 40mg/0.8ml Pushtouch syringe

##### Directions:

- ☐ Inject 40mg every other week  
☐ Inject 40mg every week

Quantity:

##### Refill:

#### HUMIRA® CITRATE-FREE

##### Dosage/Strength:

- ☐ 40mg/0.4ml pen  
☐ 40mg/0.4ml prefilled syringe

##### Directions:

- ☐ Inject 40mg SC every other week  
☐ Inject 40mg SC once a week

Quantity: ☐ 4-week supply

##### Refill:

#### INFLECTRA®

Dosage/Strength: ☐ 100mg vial

##### Directions:

###### Loading Dose:

- ☐ 5mg/kg (Dose \_\_\_\_\_ mg) IV at 0, 2, 6 weeks then every 8 weeks thereafter

###### Maintenance Dose:

- ☐ 5mg/kg (Dose \_\_\_\_\_ mg) IV every 8 weeks

Quantity: ☐ \_\_\_\_\_ vials

##### Refill:

#### KEVZARA®

##### Dosage/Strength:

###### Prefilled Syringe:

- ☐ 150mg/1.14ml ☐ 200mg/1.14ml

###### Prefilled Pen:

- ☐ 150mg/1.14ml ☐ 200mg/1.14ml

##### Directions:

- ☐ Inject \_\_\_\_\_ mg once every two weeks

Quantity: ☐ 4-week supply

##### Refill:

#### OLUMIANT®

Dosage/Strength: ☐ 2mg tablet

##### Directions:

- ☐ Take one tablet (2mg) by mouth once daily

Quantity: ☐ 4-week supply

##### Refill:

#### ORENCIA®

##### Dosage/Strength:

- ☐ 250mg vial ☐ 125mg/ml syringe  
☐ 125mg/ml ClickJect™  
☐ 50mg syringe (for children >2 years and weight 10kg to <25 kg)

##### Directions:

###### IV Dosing:

- ☐ Infuse \_\_\_\_\_ mg at weeks 0, 2, 4 and every 4 weeks thereafter

###### Subcutaneous Dosing:

- ☐ Inject 125mg SC once a week

Quantity: ☐ 4-week supply

##### Refill:

#### OTEZLA®

Dosage/Strength: ☐ Starter Kit ☐ 30mg

##### Directions:

###### Starter Kit:

- ☐ Take as directed

###### Maintenance Dose:

- ☐ Take 30mg twice daily

Quantity: ☐ Starter Kit ☐ 4-week supply

##### Refill:

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Address: \_\_\_\_\_ Female: ☐ Office Contact: \_\_\_\_\_

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Allergies: \_\_\_\_\_ Medications On: \_\_\_\_\_

Other Notes: \_\_\_\_\_ Medications Failed: \_\_\_\_\_

#### OTREXUP®

##### Dosage/Strength:

- ☐ 10mg/0.4ml autoinjector  
☐ 12.5mg/0.4ml autoinjector  
☐ 15mg/0.4ml autoinjector  
☐ 17.5mg/0.4ml autoinjector  
☐ 20mg/0.4ml autoinjector  
☐ 22.5mg/0.4ml autoinjector  
☐ 25mg/0.4ml autoinjector

##### Directions:

- ☐ Inject \_\_\_\_\_ mg SC once weekly  
☐ Other:

Quantity: ☐ 4-week supply

##### Refill:

#### RASUVO®

##### Dosage/Strength:

- ☐ 7.5mg/0.15ml autoinjector  
☐ 10mg/0.2ml autoinjector  
☐ 12.5mg/0.25ml autoinjector  
☐ 15mg/.3ml autoinjector  
☐ 17.5mg/0.35ml autoinjector  
☐ 20mg/0.4ml autoinjector  
☐ 22.5mg/0.45ml autoinjector  
☐ 25mg/0.5ml autoinjector  
☐ 27.5mg/0.55ml autoinjector  
☐ 30mg/0.6ml autoinjector

##### Directions:

- ☐ Inject \_\_\_\_\_ mg SC once weekly  
☐ Other:

Quantity: ☐ 4-week supply

##### Refill:

#### RAYOS®

##### Dosage/Strength:

- ☐ 1mg tablet ☐ 2mg tablet ☐ 5mg tablet

##### Directions:

- ☐ Take \_\_\_\_\_ mg by mouth once per day  
☐ Other:

Quantity: ☐ 4-week supply

##### Refill:

#### REMICADE®

Dosage/Strength: ☐ 100mg vial

##### Directions:

###### Loading Dose:

- ☐ IV \_\_\_\_\_ mg at 0, 2, 6 weeks

###### Maintenance Dose:

- ☐ IV \_\_\_\_\_ every 8 weeks  
☐ IV \_\_\_\_\_ every \_\_\_\_\_ weeks  
☐ Other:

Quantity: ☐ \_\_\_\_\_ vials

##### Refill:

#### RENFLEXIS®

Dosage/Strength: ☐ 100mg vial

##### Directions:

###### Loading Dose:

- ☐ 5mg/kg (Dose \_\_\_\_\_ mg) IV at weeks 0, 2, 6  
then every 8 weeks thereafter

###### Maintenance Dose:

- ☐ 5mg/kg (Dose \_\_\_\_\_ mg) IV every 8 weeks  
☐ IV \_\_\_\_\_ every \_\_\_\_\_ weeks  
☐ Other:

Quantity: ☐ \_\_\_\_\_ vials

##### Refill:

#### RINVOQ™

Dosage/Strength: ☐ 15mg tablet

Directions: ☐ Take one tablet by mouth once daily

Quantity: ☐ 30-day supply

##### Refill:

#### RITUXIN®

##### Dosage/Strength:

- ☐ 100mg/10ml vial ☐ 500mg/50ml vial

Directions: ☐ Specified:

Quantity: ☐ \_\_\_\_\_ vials

##### Refill:

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Address: \_\_\_\_\_ Female: ☐ Office Contact: \_\_\_\_\_

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Has the patient been treated previously for this condition: Yes ☐ No ☐ Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ lbs

Allergies: \_\_\_\_\_ Medications On: \_\_\_\_\_

Other Notes: \_\_\_\_\_ Medications Failed: \_\_\_\_\_

#### SIMPONI®

##### Dosage/Strength:

- ☐ 50mg/0.5ml prefilled syringe  
☐ 100mg/1ml prefilled syringe  
☐ 50mg/0.5ml SmartJect autoinjector  
☐ 100mg/1ml SmartJect autoinjector

##### Directions:

- ☐ Inject 50 mg SC once a month  
☐ Inject 100 mg SC once a month  
☐ Inject 200mg SC at week 0, 100mg at week 2 then 100mg every 4 weeks thereafter

Quantity: ☐ 4-week supply

##### Refill:

#### SIMPONI ARIA®

Dosage/Strength: ☐ 50mg/4ml single-dose vial

##### Directions:

###### Loading Dose:

- ☐ \_\_\_\_\_ mg (2mg/kg) IV infusion over 30 min at weeks 0 and 4

###### Maintenance Dose:

- ☐ \_\_\_\_\_ mg (2mg/kg) IV infusion over 30 min every 8 weeks

Quantity: ☐ \_\_\_\_\_ vials

##### Refill:

#### SKYRIZI®

##### Dosage/Strength:

- ☐ 150mg/mL prefilled syringe ☐ 150mg/mL pen

##### Directions:

###### Loading Dose:

- ☐ Inject 150mg SC at weeks 0, 4, and every 12 weeks thereafter

###### Maintenance Dose:

- ☐ Inject 150mg SC every 12 weeks

Quantity: ☐ 1 prefilled syringe/pen

##### Refill:

#### TALTZ®

##### Dosage/Strength:

- ☐ 80mg/ml single-dose prefilled autoinjector  
☐ 80mg/ml single-dose prefilled syringe

##### Directions:

###### Psoriatic Arthritis & Ankylosing Spondylitis

###### Loading Dose:

- ☐ Inject 160mg subcutaneously at week zero

###### Maintenance Dose:

- ☐ Inject 80 mg subcutaneously every 4 weeks

###### Non-radiographic Axial Spondyloarthritis

- ☐ Inject 80mg subcutaneously every 4 weeks

##### Quantity:

- ☐ \_\_\_\_\_ pens ☐ \_\_\_\_\_ syringes

##### Refill:

#### TREMFYA®

##### Dosage/Strength:

- ☐ 100mg/ml prefilled syringe  
☐ 100mg/ml prefilled autoinjector

##### Directions:

###### Loading Dose:

- ☐ Inject 100mg SC at weeks 0, 4, and every 8 weeks thereafter

###### Maintenance Dose:

- ☐ Inject 100mg SC every 8 weeks

##### Quantity:

- ☐ 4 week supply (Loading)  
☐ 8 week supply (Maintenance)

##### Refill:

#### XELJANZ®

Dosage/Strength: ☐ 5mg tablet

Directions: ☐ Take one tablet twice a day

Quantity: ☐ 4 week supply

##### Refill:

#### XELJANZ XR®

Dosage/Strength: ☐ 11mg tablet

Directions: ☐ Take one tablet once a day

Quantity: ☐ 4 week supply

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Allergies: \_\_\_\_\_ Medications On: \_\_\_\_\_

Other Notes: \_\_\_\_\_ Medications Failed: \_\_\_\_\_

#### OTHER

Dosage/Strength: \_\_\_\_\_

Directions: \_\_\_\_\_

Quantity: \_\_\_\_\_

Refill: \_\_\_\_\_

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