Rheumatology
enrollment form

Phone: 855-425-4085 **Fax:** 855-425-4096 **ardonhealth.com**

ardon

Date needed	Medication start date	Ship to: ☐ Patient ☐ Physician ☐ Other:

Patient information

Patient name	Date of birth		Phone	Alternate phone	
Address		City	State	ZIP	
Gender: ☐ Male ☐ Female	Email	Primary language		Height	Weight

Prescriber information

Prescriber name	State License #	NPI #	DEA #	
Group or hospital	Address	City	State	ZIP
Phone	Fax	Contact person name and phone		

Insurance information: If available, please fax a copy of the prescription and insurance card(s) with this form (front and back).

Clinical

Date of diagnosis	Diagnosis: ☐ M06.9 Rheumatoid Arthritis ☐ M08.9 Juvenile Arthritis ☐ L40.54 Psoriatic Arthritis ☐ M45.9 Ankylosing Spondylitis ☐ M46.80 Non-radiographic Axial Spondyloarthritis ☐ New diagnosis ☐ Other _____

Previous medications: ☐ Acetaminophen, ibuprofen, naproxen, aspirin ☐ Humira ☐ Enbrel ☐ Methotrexate ☐ Corticosteroids ☐ Hydroxychloroquine ☐ Leflunomide ☐ Sulfasalazine ☐ Other meds tried: _____	Current medications: Allergies: Has patient had positive TB test? ☐ Yes ☐ No *If yes, date of last chest x-ray* _____ Is the patient also taking methotrexate? ☐ Yes ☐ No Is the patient new to therapy? ☐ Yes ☐ No Is a starter dose needed? ☐ Yes ☐ No

Prescription information

Medication	Dose/strength	Directions	Quantity	Refill
☐ Actemra®	☐ 162 mg/0.9 mL Pen ☐ 162 mg/0.9 mL Prefilled Syringe	☐ Inject 162 mg SUBQ every 14 days ☐ Inject 162 mg SUBQ every 7 days	☐ 2 Pens/PFS ☐ 4 Pens/PFS	
☐ Benlysta®	☐ 200 mg/mL Pen ☐ 200 mg/mL Prefilled Syringe	☐ Starter Dose (Lupus Nephritis): Inject 400 mg SUBQ every 7 days for 4 doses, then 200 mg every 7 days thereafter ☐ Maintenance Dose: Inject 200 mg SUBQ every 7 days. ☐ Pediatric SLE (15 to < 40 kg): Inject 200 mg SUBQ every 14 days	☐ 8 Pens/PFS ☐ 4 Pens/PFS	0
☐ Bimzelx®	☐ 160 mg/mL Pen ☐ 160 mg/mL Prefilled Syringe	☐ Inject 160 mg SUBQ every 28 days	☐ 1 Pen/PFS	

Physician signature required

Product substitution permitted	**Dispense as written**
X _____ Date _____	X _____ Date _____

Ancillary supplies and kits will be provided as needed for administration.

☐ Cimzia®	☐ Starter Kit (200 mg/mL Prefilled Syringes)	☐ Starter Dose: Inject 400 mg SUBQ at weeks 0, 2, and 4	☐ 1 Kit = 6 x 200 mg/mL PFS	0
	☐ 200 mg/mL Prefilled Syringe ☐ 200 mg Vial	☐ Starter Dose (pediatric, 20 to < 40 kg): Inject 200 mg SUBQ at week 0, 2, and 4	☐ 3 PFS ☐ 3 Vials	0
	☐ 200 mg Vial	☐ Starter Dose (pediatric, 10 to < 20 kg): Inject 100 mg SUBQ at week 0, 2, and 4	☐ 3 Vials	0
	☐ 200 mg/mL Prefilled Syringe ☐ 200 mg Vial	☐ Maintenance Dose: Inject 400 mg SUBQ every 28 days ☐ Maintenance Dose: Inject 200 mg SUBQ every 14 days ☐ Maintenance Dose (pediatric, 20 kg to < 40 kg): Inject 100 mg SUBQ every 14 days ☐ Maintenance Dose (pediatric, 10 kg to < 20 kg): Inject 50 mg SUBQ every 14 days ☐ Other: _____	☐ 2 PFS ☐ 2 Vials	
☐ Cosentyx®	☐ 300 mg/2 mL Pen	☐ Starter Dose: Inject 300 mg SUBQ day 1, day 8, day 15, day 22, and then every 28 days starting on day 29	☐ 4 Pens	0
		☐ Maintenance Dose: Inject 300 mg SUBQ on day 29, then every 28 days thereafter	☐ 1 Pen	
	☐ 150 mg/mL Pen ☐ 150 mg/mL Prefilled Syringe	☐ Starter Dose: Inject 300 mg SUBQ day 1, day 8, day 15, day 22, and then every 28 days starting on day 29	☐ 8 Pens/PFS	0
		☐ Starter dose: Inject 150 mg SUBQ day 1, day 8, day 15, day 22, and then every 28 days starting on day 29	☐ 4 Pens/PFS	0
		☐ Maintenance Dose: Inject 300 mg SUBQ on day 29, then every 28 days thereafter	☐ 2 Pens/PFS	
		☐ Maintenance Dose: Inject 150 mg SUBQ on day 29, then every 28 days thereafter	☐ 2 Pens/PFS	
	☐ 75 mg/0.5 mL Prefilled Syringe (pediatric)	☐ Starter Dose (pediatric, 15 to < 50 kg): Inject 75 mg SUBQ day 1, day 8, day 15, and day 22 and then every 28 days starting on day 29	☐ 4 PFS	0
		☐ Maintenance Dose (pediatric, 15 to < 50 kg): Inject 75 mg SUBQ on day 29, then every 28 days thereafter	☐ 1 PFS	
☐ Enbrel®	☐ 50 mg/mL Pen ☐ 50 mg/mL Prefilled Syringe ☐ 50 mg/mL Mini Cartridge ☐ 25 mg/0.5 mL Prefilled Syringe ☐ 25 mg/0.5 mL Single-dose Vial	☐ Inject 50 mg SUBQ every 7 days ☐ Inject 25 mg SUBQ 2 times weekly (72-96 hours apart) ☐ Other: _____	☐ 4 ☐ 8	
☐ Humira®	☐ 40 mg/0.8 mL Pen ☐ 40 mg/0.8 mL Prefilled Syringe ☐ 20 mg/0.4 mL Prefilled Syringe ☐ 10 mg/0.2 mL Prefilled Syringe	☐ Inject 40 mg SUBQ every 14 days ☐ Inject 40 mg SUBQ every 7 days ☐ Other: _____	☐ 2 Pens/PFS ☐ 4 Pens/PFS	
☐ Humira® (Citrate-free)	☐ 80 mg/0.8 mL CF Pen ☐ 40 mg/0.4 mL CF Pen ☐ 40 mg/0.4 mL CF Prefilled Syringe ☐ 20 mg/0.2 mL CF Prefilled Syringe ☐ 10 mg/0.1 mL CF Prefilled Syringe	☐ Inject 40 mg SUBQ every 14 days ☐ Inject 80 mg SUBQ every 14 days ☐ Inject 40 mg SUBQ every 7 days ☐ Other: _____	☐ 2 Pens/PFS ☐ 4 Pens/PFS	
☐ Kevzara®	☐ 150 mg/1.14 mL Pen ☐ 200 mg/1.14 mL Pen ☐ 150 mg/1.14 mL Prefilled Syringe ☐ 200 mg/1.14 mL Prefilled Syringe	☐ Inject 150 mg SUBQ every 14 days ☐ Inject 200 mg SUBQ every 14 days	☐ 2 Pens/PFS	
☐ Olumiant®	☐ 1 mg Tablet ☐ 2 mg Tablet	☐ Take 1 tablet by mouth once daily	☐ 30 Tablets	

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☐ Orencia®	☐ 250 mg Vial (IV use only)	☐ _____mg IV x 1 dose, then 125 mg SUBQ every 7 days, start within 24 hours of IV dose ☐ Other: _____	☐ 1 Vial	
	☐ 125 mg/mL Pen ☐ 125 mg/mL Prefilled Syringe	☐ Inject 125 mg SUBQ every 7 days	☐ 4 Pens/PFS	
	☐ 87.5 mg/0.7 mL Prefilled Syringe	☐ Inject 87.5 mg SUBQ every 7 days ☐ Other: _____	☐ 4 PFS	
	☐ 50 mg/0.4 mL Prefilled Syringe	☐ Inject 50 mg SUBQ every 7 days ☐ Other: _____	☐ 4 PFS	
☐ Otezla®	☐ Starter Kit	☐ Starter Dose: Take as directed per package instructions	☐ 1 Starter Kit (55 Tablets)	0
	☐ 30 mg Tablet	☐ Maintenance Dose: Take 1 tablet by mouth 2 times daily	☐ 60 Tablets	
		☐ Other: _____	_____Tablets	
☐ Remicade®	☐ 100 mg Vial	☐ Induction: Infuse _____mg IV at weeks 0, 2, and 6	_____Vial(s)	0
		☐ Maintenance Dose: Infuse _____mg IV every 8 weeks	_____Vial(s)	
☐ Rinvoq®	☐ 15 mg XR Tablet ☐ 1 mg/mL Oral Solution	☐ Take 1 tablet by mouth once daily ☐ Other: _____	☐ 30 Tablets ☐ 180 mL Bottle	
☐ Simponi®	☐ 50 mg/0.5 mL Pen ☐ 50 mg/0.5 mL Prefilled Syringe ☐ 100 mg/mL Pen ☐ 100 mg/mL Prefilled Syringe	☐ Inject 1 dose SUBQ once a month ☐ Other: _____	☐ 1 Pen/PFS	
☐ Skyrizi®	☐ 150 mg/mL Pen ☐ 150 mg/mL Prefilled Syringe	☐ Starter Dose: Inject 150 mg SUBQ at week 0 and 4, followed by every 12 weeks thereafter	☐ 1 Pen/PFS	0
		☐ Maintenance Dose: Inject 150 mg SUBQ at week 4, then every 12 weeks	☐ 1 Pen/PFS	
☐ Stelara®	☐ 45 mg/0.5 mL Prefilled Syringe ☐ 45 mg/0.5 mL Single-dose Vial ☐ 90 mg/mL Prefilled Syringe	☐ Starter Dose: Inject 1 prefilled syringe SUBQ at weeks 0 and 4, and then every 12 weeks thereafter	☐ 1 PFS	0
		☐ Maintenance Dose: Inject 1 prefilled syringe SUBQ at week 4, then every 12 weeks thereafter	☐ 1 PFS	
		☐ Other: _____		
☐ Taltz®	☐ 80 mg/mL Autoinjector ☐ 80 mg/mL Prefilled Syringe	☐ Starter Dose: Inject 160 mg SUBQ day 1, followed by 80 mg every 28 days starting on day 29	☐ 2 Pens/PFS	0
		☐ Maintenance Dose: Inject 80 mg SUBQ on day 29, then every 28 days thereafter	☐ 1 Pen/PFS	
☐ Tremfya®	☐ 100 mg/mL Pen ☐ 100 mg/mL Prefilled Syringe	☐ Starter Dose: Inject 100 mg SUBQ at weeks 0 and 4, then every 8 weeks thereafter	☐ 1 Pen/PFS	0
		☐ Maintenance Dose: Inject 100 mg SUBQ at week 4, then every 8 weeks thereafter	☐ 1 Pen/PFS	
☐ Xeljanz®	☐ 5 mg Tablet ☐ 11 mg XR Tablet ☐ 1 mg/mL Oral Solution	☐ Take 1 tablet by mouth 2 times daily ☐ Take 1 tablet by mouth once daily ☐ Other: _____	☐ 60 Tablets ☐ 30 Tablets ☐ 240 mL Bottle	

Physician signature required

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