paramount specialty pharmacy

Rheumatology Enrollment

P: 866.266.6320 • F: 866.266.6321
paramountsprx.com

To E-Prescribe: NABP: 5817436

Patient Information

Date Medication Needed: ____ /____ /____ Deliver to: ◯ Patient's Home ◯ Prescriber's Office

Patient's Name: _____ DOB: ____/____/____ Height: _____ Weight: _____

Gender: _____ SSN: ____-____-____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Allergies: _____

Insurance Information

Primary Insurer: _____ Phone: _____ Person Code: _____

Policy #: _____ Group #: _____ Rx BIN: _____ Rx PCN: _____

Secondary Insurer: _____ Phone: _____ Person Code: _____

Policy #: _____ Group #: _____ Rx BIN: _____ Rx PCN: _____

Prescriber Information

Prescriber's Name: _____ Practice: _____

Address: _____ City: _____ State: _____ ZIP: _____

Contact Name: _____ Phone: _____ Fax: _____

DEA: _____ NPI: _____

Clinical Information

Diagnosis: _____ ICD-10 Code: _____ TB Status: ◯ Active ◯ PPD(-) Date: ____/____/____

BMD/T-Score: _____ **History of Fracture:** Site: _____ Date: ____/____/____

Current Therapy: ◯ Yes ◯ No Medications: _____

Prior Failed Medications (Duration, Reason for D/C): _____

Prescription Information

Medication	Dose/Strength	Signature	Qty	Refills
◯ **Actemra**®	◯ 162mg/0.9ml Prefilled Syringe	◯ Inject 1 syringe SC every week ◯ Inject 1 syringe SC every other week	4 Week Supply	
◯ **Cimzia**® Initial Dose	◯ 200mg Starter Kit (contains 6-200mg PFS)	◯ Inject 400mg SC once, then repeat at weeks 2 and 4	4 Week Supply	NO REFILLS
◯ **Cimzia**® Maintenance Treatment	◯ 2 x 200mg Prefilled Syringe	◯ 200mg SC once every two weeks ◯ 400mg SC once every two weeks	4 Week Supply	
◯ **Enbrel**® (etanercept)	◯ 50 mg/ml SureClick Autoinjector ◯ 50 mg/ml Prefilled Syringe ◯ 25mg/0.5ml Prefilled Syringe	◯ Inject 50mg SC once a week ◯ Inject 25mg twice a week, 72 to 96 hours apart ◯ Other: _____	4 Week Supply	
◯ **Forteo**®	◯ 600 mcg/2.4ml Prefilled Syringe	◯ Inject 20mcg SC once daily as directed	4 Week Supply	
◯ **Humira**® ◯ Injection Training from My Humira	◯ 40mg/0.8ml Pen ◯ 40mg/0.8ml Prefilled Syringe	◯ Inject 40mg SC once a week ◯ Inject 40mg SC every other week	◯ 1 Month ◯ 3 Month	
◯ **Orencia**®	◯ 125mg/ml Prefilled Syringe (4 syringes)	◯ Inject 125mg SC once weekly		
◯ **Otezla**®	◯ 28-Day Titration Starter Pak ◯ Bottle of (60) 30mg tabs	◯ (4) 10mg, (4) 20mg, (5) 30mg, plus (42) 30mg tabs ◯ 30mg po BID (30 day supply)		
◯ **Prolia**®	◯ 60mg Prefilled Syringe	◯ Inject 60mg SC once every 6 months		
◯ **Simponi**®	◯ 50mg/0.5ml Prefilled Syringe ◯ 50mg/0.5ml Autoinjector	◯ Inject 50mg once a month	4 Week Supply	
◯ **Xeljanz**®	◯ 5Omg	◯ Take 5mg by mouth twice daily		

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assistance program.

Patient's Signature: _____ Date: ____/____/____

◯ **I certify that I am prescribing the drug(s) listed above. I authorize Pharmacy to perform the above services on behalf of Physician for the benefit of the patient.**

Prescriber's Signature: _____ Date: ____/____/____