FAX FORM TO: 1.866.233.8317

PHONE: 1.855.492.0817

EMAIL: contact@bluegrass-rx.com

	ng <u>or include demographic sheet</u> .				
1. PATIENT INFORMATION			2. PRESCRIBER INFORMATION		
Name:			Name:		
Address:			DEA #: NPI #: S	tate Lic. #:	
City, State, ZIP:			Group or Hospital:		
Primary Phone:	DOB:	/ /	Address:		
Alternate Phone: Gender:			City, State, Zip:		
Email:			Phone: Fax:		
Primary Language: Last Four of SSN:			Contact Person: Phone:		
3. INSURANCE I	INFORMATION	Fax copy of pr	escription and insurance cards with this form, if availd	able (front and	back)
Primary Insurance	Company Name:		Secondary Insurance Company Name:		
Primary Cardholder Name:			Secondary Cardholder Name:		
Relationship: O Self O Spouse/Partner O Child/Dependent			Relationship: () Self () Spouse/Partner	Child/Dep	endent
Phone: -	- Member ID:	Group #:	Phone: Member ID:	Group #:	
		·····			
Needs by Date: ,	/ / coid arthritis, unspecified	Ship to: Patie Height (in/cm):		P & date: /	/
MØ8.9 Juvenile arthritis, unspecified Has patient M45.9 Ankylosing spondylitis Has natient		Has patient had TB test?		d date. 7	/
		1	led 8-12 weeks of oral systemic DMARD agent?	,	
() L40.5 Arthropathic psoriasis			ications to any arthritis agents?		
Prior (failed medica	itions)	If yes, drug(s):	Reason(s):		
Medication	Duration of Tx/Reason for d/c		has any of the following: O Liver failure O Lymphoma O Se	erious/active infe	ection
			atitis B infection? () Yes () No een ruled out or treatment initiated? () Yes () No		
			ns: () Methotrexate () Other:		
Has patient received	d injection training? 🔵 Yes 🔵 No	Allergies:			
5. PRESCRIPTIC	ON INFORMATION	-			
Medication	Dose/Strength				
O Actemra™		Directions		Quantity	Refills
O Actemra™	○ 162 mg/0.9 ml prefilled syringe	Patients < 2	100 kg: Inject 162 mg SQ every other week, followed by an	Quantity	Refills
O Actemra™	○ 162 mg/0.9 ml prefilled syringe	Patients < 2 increase to	every week based on clinical response	Quantity	Refills
 Actemra[™] Cimzia[™] 	 162 mg/0.9 ml prefilled syringe Starter kit 	 ○ Patients < 2 increase to ○ Patients ≥ 2 	· · · · · · · · · · · · · · · · · · ·	Quantity	Refills
	 Starter kit 200 mg/1 ml prefilled syringe 	 Patients < increase to Patients ≥ Olipiect 400 Inject 200 	o every week based on clinical response 100 kg: Inject 162 mg SQ every week	1 kit (6 vials)	
	Starter kit	Patients <: increase te Patients 2: Inject 400 Inject 200 Other:	o every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4	1 kit (6 vials)	
⊖ Cimzia™	 Starter kit 200 mg/1 ml prefilled syringe 200 mg vial 25 mg/0.5 ml PFS 25 mg via 50 mg/ml prefilled syringe (PFS) 	Patients < increase to Patients ± Inject 400 Inject 200 Other: I Inject 50 m Inject 25 m	o every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4 mg SQ every other week O Inject 400 mg SQ every 4 weeks	1 kit (6 vials)	
⊖ Cimzia™	Starter kit 200 mg/1 ml prefilled syringe 200 mg vial 25 mg/0.5 ml PFS 25 mg via 50 mg/ml prefilled syringe (PFS) 50 mg/ml Sureclick Autoinjector Pen 20 mg/0	A ml I inject 20 n	o every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4 mg SQ every other week O Inject 400 mg SQ every 4 weeks ng SQ once a week	1 kit (6 vials)	
 Cimzia™ Enbrel™ Humira™ 	Starter kit 200 mg/1 ml prefilled syringe 200 mg vial 25 mg/0.5 ml PFS 25 mg via 50 mg/ml prefilled syringe (PFS) 50 mg/ml Sureclick Autoinjector Pen 20 mg/0 Prefilled syringe 40 mg/0	A ml Other:	o every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4 mg SQ every other week Inject 400 mg SQ every 4 weeks ng SQ once a week ng SQ once a week ng SQ twice a week (72-96 hours apart) ng SQ every other week Inject 40 mg SQ every other week	1 kit (6 vials)	
 Cimzia™ Enbrel™ 	 Starter kit 200 mg/1 ml prefilled syringe 200 mg vial 25 mg/0.5 ml PFS 25 mg via 50 mg/ml prefilled syringe (PFS) 50 mg/ml Sureclick Autoinjector Pen 20 mg/0 Prefilled syringe 40 mg/0 100 mg prefilled syringe 250 mg vial 	A ml A	o every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4 mg SQ every other week O Inject 400 mg SQ every 4 weeks ng SQ once a week ng SQ twice a week (72-96 hours apart)	1 kit (6 vials)	
 Cimzia[™] Enbrel[™] Humira[™] Kineret[™] Orencia 	Starter kit 200 mg/1 ml prefilled syringe 200 mg vial 25 mg/0.5 ml PFS 25 mg via 50 mg/ml prefilled syringe (PFS) 50 mg/ml Surectick Autoinjector Pen 20 mg/0 Prefilled syringe 40 mg/0 100 mg prefilled syringe 250 mg vial 125 mg subcutaneous 125 mg subcutaneous	A ml Other: 4 ml Other: 4 ml Other: 4 ml Other: 4 ml Other: 4 ml Other: 6 ml Other: 6 ml Other: 7 ml Other: 9 ml	be every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4 mg SQ every other week O Inject 400 mg SQ every 4 weeks ng SQ once a week ng SQ once a week ng SQ every other week O Inject 40 mg SQ every other week mg (one syringe) SQ once a day mg in 100ml 0.9% NaCl at weeks 0, 2, and 4, then every 4 week	1 kit (6 vials)	
 Cimzia[™] Enbrel[™] Humira[™] Kineret[™] Orencia Remicade[™] 	Starter kit 200 mg/1 ml prefilled syringe 200 mg vial 25 mg/0.5 ml PFS 25 mg via 50 mg/ml prefilled syringe (PFS) 50 mg/ml Surectick Autoinjector Pen 20 mg/0 Prefilled syringe 40 mg/0 100 mg prefilled syringe 250 mg vial 125 mg subcutaneous 100 mg vial mg/kg 100 mg vial	4 ml Other: 4 ml Other: 4 ml Other: 4 ml Vinject 200 0 Inject 200 0 Other: 1 Inject 20 m 0 Inject 20 m 0 Other: 4 ml Other: 0 Inject 100 0 Infuse 0 Other: 1 Vin 250m 0 IV in 250m	be every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4 mg SQ every other week O Inject 400 mg SQ every 4 weeks ng SQ once a week ng SQ once a week ng SQ every other week O Inject 40 mg SQ every other week mg (one syringe) SQ once a day mg in 100ml 0.9% NaCl at weeks 0, 2, and 4, then every 4 weeks nl 0.9% NaCl at 0, 2, and 6 weeks. nl 0.9% NaCl at everyweeks	1 kit (6 vials)	
 Cimzia[™] Enbrel[™] Humira[™] Kineret[™] Orencia 	 Starter kit 200 mg/1 ml prefilled syringe 200 mg vial 25 mg/0.5 ml PFS 25 mg via 50 mg/ml prefilled syringe (PFS) 50 mg/ml Surectick Autoinjector Pen 200 mg/0 40 mg/0 100 mg prefilled syringe 250 mg vial 125 mg subcutaneous 100 mg vial 	4 ml Other: 4 ml Other: 4 ml Other: 4 ml Vinject 200 0 Inject 200 0 Other: 1 Inject 20 m 0 Inject 20 m 0 Other: 4 ml Other: 0 Inject 100 0 Infuse 0 Other: 1 Vin 250m 0 IV in 250m	be every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4 mg SQ every other week O Inject 400 mg SQ every 4 weeks ng SQ once a week ng SQ once a week ng SQ every other week O Inject 40 mg SQ every other week mg (one syringe) SQ once a day mg in 100ml 0.9% NaCl at weeks 0, 2, and 4, then every 4 week nl 0.9% NaCl at 0, 2, and 6 weeks.	1 kit (6 vials)	
 Cimzia[™] Enbrel[™] Humira[™] Kineret[™] Orencia Remicade[™] 	 Starter kit 200 mg /1 ml prefilled syringe 200 mg vial 25 mg/0.5 ml PFS 25 mg via 50 mg/ml prefilled syringe (PFS) 50 mg/ml Sureclick Autoinjector Pen 20 mg/0 Prefilled syringe 40 mg/0 100 mg prefilled syringe 250 mg vial 125 mg subcutaneous 100 mg /kg 100 mg/10 ml vial 500 mg/0.5 ml SmartJect Autoinje 	4 ml Inject 100	be every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4 mg SQ every other week O Inject 400 mg SQ every 4 weeks ng SQ once a week ng SQ once a week ng SQ every other week O Inject 40 mg SQ every other week mg (one syringe) SQ once a day mg in 100ml 0.9% NaCl at weeks 0, 2, and 4, then every 4 weeks nl 0.9% NaCl at 0, 2, and 6 weeks. nl 0.9% NaCl at everyweeks	1 kit (6 vials)	
 Cimzia[™] Enbrel[™] Humira[™] Kineret[™] Orencia Remicade[™] Rituxan[™] 	Starter kit 200 mg/1 ml prefilled syringe 200 mg vial 25 mg/0.5 ml PFS 25 mg via 50 mg/ml prefilled syringe (PFS) 50 mg/ml Sureclick Autoinjector Pen 20 mg/0 Prefilled syringe 40 mg/0 100 mg prefilled syringe 250 mg vial 125 mg subcutaneous 100 mg vial 100 mg /log 100 mg vial mg/kg 100 mg/10 ml vial 500 mg/50 ml vial 500 mg/50 ml vial	A ml A ml	be every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4 mg SQ every other week Inject 400 mg SQ every 4 weeks ng SQ once a week ng SQ once a week ng SQ every other week Inject 40 mg SQ every other week mg (one syringe) SQ once a day mg in 100ml 0.9% NaCl at weeks 0, 2, and 4, then every 4 weeks 10.9% NaCl at 0, 2, and 6 weeks. 10.9% NaCl at everyweeks doses of 1000mg in 1 liter 0.9% NaCl two weeks apart.	1 kit (6 vials)	
 Cimzia[™] Enbrel[™] Humira[™] Kineret[™] Orencia Remicade[™] Rituxan[™] Simponi[™] 	 Starter kit 200 mg/1 ml prefilled syringe 200 mg vial 25 mg/0.5 ml PFS 25 mg via 50 mg/ml prefilled syringe (PFS) 50 mg/ml Surectick Autoinjector Pen 20 mg/0 Prefilled syringe 40 mg/0 100 mg prefilled syringe 250 mg vial 125 mg subcutaneous 100 mg /10 ml vial 500 mg/0.5 ml SmartJect Autoinje 50 mg/0.5 ml prefilled syringe 50 mg/0.5 ml prefilled syringe 50 mg/0.5 ml prefilled syringe 50 mg/0.5 ml smartJect Autoinje 50 mg/0.5 ml prefilled syringe 50 mg/0.5 ml prefilled syringe 50 mg/0.5 ml prefilled syringe 50 mg/0.5 ml in a single-use PFS 	A ml A	be every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4 mg SQ every other week Inject 400 mg SQ every 4 weeks ng SQ once a week ng SQ once a week mg SQ every other week Inject 40 mg SQ every other week mg (one syringe) SQ once a day mg in 100ml 0.9% NaCl at weeks 0, 2, and 4, then every 4 weeks at 0.9% NaCl at 0, 2, and 6 weeks. at 0.9% NaCl at 0, 2, and 6 weeks. at 0.9% NaCl at every weeks doses of 1000mg in 1 liter 0.9% NaCl two weeks apart. mg (0.5 mt) SQ once a month mg SQ every 12 weeks	1 kit (6 vials)	
 Cimzia[™] Enbrel[™] Humira[™] Kineret[™] Orencia Remicade[™] Rituxan[™] Simponi[™] ARIA 	 Starter kit 200 mg/1 ml prefilled syringe 200 mg vial 25 mg/0.5 ml PFS) 25 mg via 50 mg/ml prefilled syringe (PFS) 50 mg/ml Surectick Autoinjector Pen 20 mg/0 Prefilled syringe 40 mg/0 100 mg prefilled syringe 250 mg vial 125 mg subcutaneous 100 mg vial 500 mg/0.5 ml yrat 500 mg/0.5 ml vial 500 mg/0.5 ml prefilled syringe 50 mg/0.5 ml single 50 mg/0.5 ml prefilled syringe 90 mg/ml in a single-use prefilled 	A ml A ml	be every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4 mg SQ every other week O Inject 400 mg SQ every 4 weeks ng SQ once a week ng SQ once a week mg SQ every other week O Inject 40 mg SQ every other week mg (one syringe) SQ once a day mg in 100ml 0.9% NaCl at weeks 0, 2, and 4, then every 4 weeks at 0.9% NaCl at 0, 2, and 6 weeks. at 0.9% NaCl at every weeks doses of 1000mg in 1 liter 0.9% NaCl two weeks apart. mg (0.5 ml) SQ once a month mg SQ initially and 4 weeks later, then 45 mg SQ every 12 weeks s > 100 kg with co-existent moderate to severe plaque psoriasis,	1 kit (6 vials)	
 Cimzia[™] Enbrel[™] Humira[™] Humira[™] Kineret[™] Orencia Remicade[™] Rituxan[™] Simponi[™] ARIA 	 Starter kit 200 mg/1 ml prefilled syringe 200 mg vial 25 mg/0.5 ml PFS 25 mg via 50 mg/ml prefilled syringe (PFS) 50 mg/ml Surectick Autoinjector Pen 20 mg/0 Prefilled syringe 40 mg/0 100 mg prefilled syringe 250 mg vial 125 mg subcutaneous 100 mg /10 ml vial 500 mg/0.5 ml SmartJect Autoinje 50 mg/0.5 ml prefilled syringe 50 mg/0.5 ml prefilled syringe 50 mg/0.5 ml prefilled syringe 50 mg/0.5 ml smartJect Autoinje 50 mg/0.5 ml prefilled syringe 50 mg/0.5 ml prefilled syringe 50 mg/0.5 ml prefilled syringe 50 mg/0.5 ml in a single-use PFS 	A ml A ml	be every week based on clinical response 100 kg: Inject 162 mg SQ every week mg SQ on day 1, at week 2, and at week 4 mg SQ every other week Inject 400 mg SQ every 4 weeks ng SQ once a week ng SQ once a week mg SQ every other week Inject 40 mg SQ every other week mg (one syringe) SQ once a day mg in 100ml 0.9% NaCl at weeks 0, 2, and 4, then every 4 weeks at 0.9% NaCl at 0, 2, and 6 weeks. at 0.9% NaCl at 0, 2, and 6 weeks. at 0.9% NaCl at every weeks doses of 1000mg in 1 liter 0.9% NaCl two weeks apart. mg (0.5 mt) SQ once a month mg SQ every 12 weeks	1 kit (6 vials)	

 6. PRESCRIBER SIGNATURE

 X
 / /

 DISPENSE AS WRITTEN
 DATE

 PRODUCT SUBSTITUTION PERMITTED
 DATE

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address or telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.