Specialty Care Rx
Excellence is Our Specialty

Specialty Care Infusion Center
Care for life

□ **Orange, CA**	□ **Burbank,CA**	□ **Las Vegas, NV**
P: (714) 941-6177 F: (714) 941-6178	P: (818) 848-8112 F: (818) 848-8142	**P: (702) 825-4900**
□ **Las Vegas, NV**	□ **Marrero, LA**	**F: (702) 977-8150**
P: (702) 790-4404 F: (702) 790-4406	P: (504) 340-5221 F: (504) 340-5228	
□ **Allen, TX**	□ **Memphis, TN**	□ **Carson City, NV**
P: (469) 257-4200 F: (469) 795-9204	P: (901) 560-3580 F: (901) 560-3581	**P: (702) 825-4900**
		F: (702) 977-8150

Rheumatology & Osteoarthritis Referral Form

Patient Information	Prescriber Information
Patient Name: ___________________________ DOB: __/__/____	Prescriber Name: __________________ NPI: ___________
Sex: □ Femal □ Male SS#: ___-__-____ Language: ______	If Shipping to prescriber: □ Initial Fill □ Always □ Never
Allergies: _____________ Wt: ____ □Kg □Lb Ht: ____ □Cm □In	Addess: ___________________________ Apt/Suite: ______
Addess: ________________________________ Apt/Suite: ________	City: _________________ State: ________ Zip________
City: _________________ State: ___________ Zip: ____________	Phone: _______________ Contact: ___________________
Phone: _______________ Contact: _________ Relation: ________	Fax: _______________ Alt. Fax: ___________________
Email Address: ____	Email Address:

INSURANCE INFORMATION (or attach copy of cards)

Medical Plan: ________________ Policy #: __________ Policy Holder: _______________ Relationship: _______________

Prescription Plan: _____________ Policy #: __________ Policy Holder: _______________ Relationship: _______________

Clinical Information

Access Type: □ Peripheral □ PICC □ PORT

Has patient previously been on therapy before? □ No □ Yes/Last Infusion:__________

Previously Tried Treatments/Medications for The Condition: ____

Prescription Information

Medication	Directions	Quantity	Form
□ Actemra®	□ Inject 162 mg subcut every week □ Inject 162 mg subcut every other week □ ___________________________________	□ 4 x 162 mg/0.9mL □ 2 x 162 mg/0.9mL □ ___________	□ Pen □ PFS □ Vials
□ Benlysta®	□ 10 mg/kg or _____ mg IV at 2-Week intervals for the first 3 dose, then at 4-week intervals. □ 10 mg/kg or _____ mg IV every 4-weeks □ 28 □ 200mg subcut once weekly	□ 56 day supply (Induction) □ 28 day supply □ 4 x 200 mg/mL □ Pen □ PFS	□ Vials
□ Cimzia®	□ Inject 200 mg subcut at weeks 0, 2 and 4 □ Inject 200 mg subcut every 2 weeks □ Inject 400 mg subcut every 4 weeks	□ 6 x 200 mg/mL □ 2 x 200 mg/mL	□ PFS □ Vials
□ Cosentyx®	□ Inject 150 mg subcut once weekly at weeks 0, 1 ,2, and 3 □ Inject 300 mg subcut once weekly at weeks 0, 1 ,2, and 3 □ Inject 150 mg subcut on week 4 & every 4 weeks thereafter □ Inject 300 mg subcut on week 4 & every 4 weeks thereafter	□ 4 x 150 mg/mL □ 8 x 150 mg/mL □ 1 x 150 mg/mL □ 2 x 150 mg/mL	□ Pen □ PFS
□ Enbrel®	□ Inject 50 mg subcut every week	□ 4 x 50 mg/mL	□ SureClick □ Cartridge □ PFS
□ Humira®	□ Inject 40 mg subcut once weekly □ Inject 40 mg subcut every other week □ Inject 150 mg subcut every other week □ Inject 200 mg subcut every other week	□ 4 x 40 mg/0.4 mL CF □ 2 x 40 mg/0.4mL CF □ 2 x 150 mg/1.14mL □ 2 x 200 mg/1.14mL	□ Pen □ PFS □ Vials
□ Krystexxa®	□ 8 mg given as an IV infusion every two week for Gout	□ 2 x 8 mg/mL	□ Vials
□ Orencia®	□ Infuse _____ mg intravenously at week 0 only □ Infuse _____ mg intravenously at weeks 0 and 2 □ Infuse _____mg at week 4 and every 4 weeks thereafter	□ 28 day supply	□ Vials
□ Otezla®	□ Take as directed per package instructions □ Take 30 mg by mouth twice daily	□ 55 tablets □ 60 x 30 mg	□ Starter Pack □ Tablets
□ Remicade® □ Inflectra® □ Renflexis®	Starting Dose □ 5 mg/kg ___mg IV at week 0,2,6 □ 3 mg/kg ___mg IV at week 0,2,6 Maintenance Dose □ _____mg/kg IV every _____ weeks	□ ____Vials □ ____Vials	□ Vials
□ Rituxan®	□ Infuse _______ mg intravenously every ______ weeks	□ 28 day supply	□ Vials
□ Saphenlo®	□ Infuse 300 mg IV over 30 minutes every 4 weeks	□ 300 mg/2 mL	□ Vials

□ Simponi®	□ Inject 50 mg subcut once a month	□ 1 x 50 mg/0.5mL	□ SmartJect □ PFS
□ Simponi Aria®	□ Infuse _______ mg/kg or ______ mg IV over 30 minutes at weeks 0 □ Infuse _______ mg/kg or ______ mg IV over 30 minutes at week 4 and every 8 weeks thereafter		□ Vials
□ Stelara®	□ Inject 45 mg subcut on Day 1 (≤ 100 kg) □ Inject 90 mg subcut on Day 1 (> 100 kg) □ Inject 45 mg subcut on Day 29 & every 12 weeks thereafter □ Inject 90 mg subcut on Day 29 & every 12 weeks thereafter	□ 1 x 45 mg/0.5mL □ 1 x 90 mg/mL	□ PFS
□ Xeljanz®	□ Take 5 mg by mouth twice daily	□ 60 x 5 mg	□ Tablets
□ Zoledronic acid	□ Infuse 5 mg/100 mL IV over 30 minutes	□ 5mg/100 mL	□ 1 Yr supply
□ Others	□ ______________________________________	□ _______________	□ ________

Hydration and Pre-Medications

□ Hydration: NaCl 0.9% 250mL to infuse at a rate of 250mL/hr IV before & after infusion as hydration is needed.
□ Benadryl 25mg capsule: Take 1-2 caps by mouth 30-60 minutes prior to infusion & every 6 hours as needed post infusion.
□ Benadryl 50mg ampule: Infuse ____mg slow IVP 30 minutes prior to infusion
□ Tylenol 325mg: Take 1-2 tabs by mouth 30-60 minutes prior to infusion & every 6 hours as needed post infusion.
Not to exceed total daily dose of 3000mg.
□ Zofran 4mg ODT: Dissolve 1 tab on the tongue every 8 hours as needed for pre & post infusion for nausea and vomiting.
□ Solu-Cortef: Infuse _____mg slow IVP 30 minutes prior to infusion
□ Solu-Medrol: Infuse _____mg slow IVP 30 minutes prior to infusion

Flushing Protocol

□ Sodium Chloride 0.9% 5-10 ml pre and post medications
□ Heparin ____Units/mL OR ____mL as needed

Anaylaxis Protocol

MILD infusion reactions: (Slow infusion rate by 50% until symptoms resolve. Resume at previous rate as tolerated)
Diphenhydramine 25mg caps #4 Sig:Take 1-2 capsules PO Q6H PRN for infusion reactions, NTE total daily dose of 400mg (16 caps/day).
MODERATE infusion reactions: (Stop Infusion, resume at 50% rate when symptoms resolve)
Diphenhydramine 50mg/ml vial #1 Sig: Inject 1ml (=50mg) IV by slow IV push over 3-5 mins PRN for anaphylaxis reaction.
May repeat every 4 hrs, NTE 400mg/24hrs
SEVERE ANAPHYLAXIS *CALL 911* (Stop infusion and remove tubing from access device to prevent further administration)
1. Epinephrine 0.3mg Auto Injector #2 Sig: Remove cap then inject auto-injector intramuscularly in the thigh area and hold for 2 to 10 seconds as needed for anaphylaxis reaction, may administer through clothing if necessary. May repeat in 5-15-minutes.
2. Initiate 0.9% NaCl 500 mL IV x 1
3. Administer CPR if needed until EMS arrives

Ancillary Supplies : As needed for proper administration and disposal of medication

Skilled Nursing Visits: As needed for IV access, administration and proper clinical monitoring

Administration procedures to be followed per pharmacy protocol.

Prescription will be filled with generic (if available) unless prescriber writes "DAW" (dispense as written): _______

Deliver to: □ Home □ Office □ Infusion Suite □ Other: __________ **Refills: ____________**

If shipped to prescriber's office or infusion clinic, prescriber accepts on behalf of patient for administration in office or infusion clinic.
By signing this order, I, the prescriber, certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.

Prescriber's Signature ____________________ **Date: ___/___/_____**

* Prescriber Authorization: I authorize this pharmacy and its representatives to act as my authorized agent to secure coverage and initiate the insurance prior authorization process for my patient(s), and to sign any necessary forms on my behalf as my authorized agent, including the receipt of any required prior authorization forms and the receipt and submission of patient lab values and other patient data. In the event that this pharmacy determines that it is unable to fulfill this prescription, I further authorize this pharmacy to forward this information and any related materials related to coverage of the product to another pharmacy of the patient’s choice or in the patient’s insurer’s provider network.
“ Referral forms are not valid in Arizona, providers can phone or electronically send in orders.”