

# RHEUMATOLOGY

New Prescription/Referral  
Prescription Refill

# Of Refills:

**Rx:**

Patient Name:

Patient Weight:  kg

DOB:

**Actemra (tocilizumab)** 4mg/kg IV every 4 weeks for \_\_\_\_\_ doses then followed by 8mg/kg every 4 weeks thereafter  
4mg/kg IV every 4 weeks      8mg/kg IV every 4 weeks      Other dose: \_\_\_\_\_ mg/kg IV every 4 weeks

**Cimzia (Certolizumab pegol)** Initial Dose: 400mg SubQ injection at weeks 0, 2, and 4 weeks  
Maintenance Dose: 200mg Subcutaneously Q 2 weeks **OR** 400mg subcutaneously Q 4 weeks

**Krystexxa (pegloticase)** 8mg via IV infusion for at least 120mins Q2wks on a 250ml NS at room temperature  
Observe for 1 hour after infusion      Discontinue treatment if uric acid level to > 6mg/dL

**IVIG**  
Ok to use biosimilar

<b>Gamunex (10%)</b>	<b>Privigen (10%)</b>	<b>Octagam (10%)</b>	<b>Gammalex (10%)</b>
<b>Gammagard (10%)</b>	<b>Bivigam (10%)</b>	<b>Gammaked(10%)</b>	<b>Flebogamma DIF (10%)</b>
<b>Asceniv (10%)</b>	<b>Panzyga (10%)</b>	Other Orders: _____	

Dosage: \_\_\_\_\_ g/day IV      \_\_\_\_\_ g/kg IV      Over \_\_\_\_\_ # of days      \_\_\_\_\_ # of months  
Frequency: One-Time Only      every \_\_\_\_\_ weeks (Optional: Start Date \_\_\_\_\_)

**Orencia (abatacept)** Dosage: \_\_\_\_\_ mg/kg IV  
Frequency: Every 4 weeks **OR** 0, 2, 4 weeks, and every 4 weeks thereafter

**Stelara (ustekinumab)** Initial Dose: 45mg SubQ at weeks 0, 4, and every 12 weeks thereafter  
90mg SubQ at weeks 0, 4, and every 12 weeks thereafter  
Maintenance Dose: 45mg SubQ every 12 weeks      90mg SubQ every 12 weeks

**Simponi Aria (golimumab)** Initial Dose: 2mg/kg at weeks 0, 4, and then every 8 weeks  
Maintenance Dose: 2mg/kg every 8 weeks

**Infliximab**  
Ok to use biosimilar

<b>Remicade</b>	<b>Inflectra</b>	<b>Renflexis</b>	<b>Avsola</b>
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Dosage: \_\_\_\_\_ mg/kg IV  
Frequency: 0, 2, 6, then every 8 weeks      Every \_\_\_\_\_ weeks  
Other: \_\_\_\_\_

**Rituximab**  
Ok to use biosimilar

<b>Rituxan</b>	<b>Ruxience</b>	<b>Riabni</b>	<b>Truxima</b>
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Dosage: 1000mg      500mg      Other: \_\_\_\_\_  
375mg/m2  
Frequency: one time dose      Weekly x 4 weeks      Other: \_\_\_\_\_  
Repeat dose in 2 weeks      Repeat after 6 months  
Other Orders: \_\_\_\_\_

**Saphnelo (anifrolumab-fnia)** 300mg IV every 4 weeks

<b>Pre-Medication:</b> Solumedrol 125mg IVP Solu-Cortef 100mg IVP Others: _____	Tylenol _____ mg PO 650 mg      975 mg	Benadryl _____ mg PO 25 mg      IV 50 mg      PO	<b>ANA Kit Protocol</b> OK to use
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**Dx:** ICD-10: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
**Physician Signature**      **NPI #:** \_\_\_\_\_      **DATE:(Valid for 1 year)** \_\_\_\_\_

By affixing my signature, I confirm the medical necessity of the aforementioned therapy, products, and services, as well as my responsibility for the patient's care. I have obtained consent to disclose the mentioned details and any relevant medical or patient information concerning this treatment. I grant the pharmacy permission to contact the insurance company on my behalf to secure authorization for the patient.

**PHYSICIAN INFORMATION**

Physician Name: \_\_\_\_\_ | Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Other: \_\_\_\_\_

**Office Mailing Address:**

<b>Please include the following</b>	Patient demographics	Insurance attached	Diagnosis(supporting)	History & Physical
	Lab Results	Clinical progress notes	Medication list	Other Test Results

Hep B core antibody total(not IgM): (Required for: Rituximab)      Baseline creatinine: (Required for: IVIG)

Hep B surface antigen: (Required for: Actemra, Cimzia, Infliximab, Rituximab, Simponi Aria)      Serum immunoglobulins: (Rituximab)

TB Results within 12 months: (Required: Actemra, Cimzia, Infliximab, Stelara, Simponi Aria, Orencia)      Uric Acid: (Required: Krystexxa)

**\*If TB or Hep B results are positive - please provide documentation of treatment or medical clearance & a negative CXR (TB+)**

We can do patient teaching for IV/IM/SQ injections if needed. One time or multiple visits. If insurance allows we can also administer SQ/IM shot.