Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy. Prescribers are reminded patients may choose any pharmacy of their choice.

INFINITY CARE SOLUTIONS

Rheumatology Referral Form

1204 SE 28th St, Suite 2
Bentonville, AR 72712
Phone: 844-414-5805
Fax: 855-422-2400/479-464-8838

Ship to: ❑Patient ❑Prescriber ❑ Pick Up (location):_____ Date Needed:_____ ❑Need Nurse ❑Need Training

PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name:	Prescriber Name:
Address:	NPI#: DEA#
City: State: Zip:	Address:
Phone: ( ) Alt Phone: ( )	City: State: Zip:
Patient Soc. Sec#: Date of Birth: / /	Phone: ( ) Fax: ( )
Sex: ❑ Male ❑Female Weight lbs/kg Height	Nurse/Key Office Contact:
Allergies:	Tax ID#:

CLINICAL INFORMATION *(Please FAX recent clinical notes, labs, tests & current medication list with prescription)*

Diagnosis
❑M06._____Rheumatoid Arthritis ❑M05._____Rheumatoid Arthritis ❑M45._____Ankylosing spondylitis ❑L45._____ Psoriatic Arthritis ❑H20._____Uveitis
❑Other: _____

PRESCRIPTION INFORMATION

DRUG	DOSE	DIRECTIONS	QUANTITY	REFILL
Actemra®	❑ 162mg/0.9mL PFS ❑ 162mg/0.9mL ACTPen	❑ **<100kg Body Weight:** Inject 162mg SC every OTHER week. ❑ **≥100kg Body Weight:** Inject 162mg SC once weekly.	❑ 4 x 162mg/0.9mL ❑ 2 x 162mg/0.9mL	
Cimzia®	❑ Starter Kit 200mg PFS ❑ 200mg/mL PFS	❑ Initial: Inject 400mg SC at weeks 0, 2, & 4. Maintenance: ❑ Inject 200mg SC every other week. ❑ Inject 400mg SC every 4 weeks.	❑ 6 x 200mg/mL ❑ 2 x 200mg/mL	0
Cosentyx®	❑ 150mg/mL Sensoready® Pen ❑ 150mg/mL PFS	Initial: ❑ Inject 300mg SC at weeks 0, 1, 2, and 3. ❑ Inject 150mg SC at weeks 0, 1, 2, and 3. Maintenance: ❑ Inject 300mg SC at week 4, then every 4 weeks thereafter. ❑ Inject 150mg SC at week 4, then every 4 weeks thereafter.	 ❑ 8 x 150mg/mL ❑ 4 x 150mg/mL ❑ 2 x 150mg/mL ❑ 1 x 150mg/mL	 0 0
Enbrel®	❑ 50mg/mL SureClick® Autoinjector ❑ 50mg/mL PFS ❑ 50mg/mL Mini Cartridge	❑ Inject 50mg SC once weekly. ❑ Inject 50mg SC twice weekly.	❑ 4 x 50mg/mL ❑ 8 x 50mg/mL	
Humira®	❑ Uveitis Starter 80mg-40mg ❑ 40mg/0.4mL ❑ Pen ❑ PFS ❑ 40mg/0.8mL ❑ Pen ❑ PFS	❑ Inject 80mg SC on day 1, then 40mg on day 8, then 40mg every other week. ❑ Inject 40mg SC every OTHER week. ❑ Inject 40mg SC once weekly.	❑ 1 kit (3 injections) ❑ 2 injections ❑ 4 injections	0 _____
Kevzara®	❑ 150mg/1.14mL PFS ❑ 200mg/1.14mL PFS	❑ Inject 150mg SC every other week. ❑ Inject 200mg SC every other week.	❑ 2 x 150mg/1.14mL ❑ 2 x 200mg/1.14mL	
Olumiant®	❑ 2mg tablet	❑ Take 1 tablet by mouth once daily.	❑ 30 tablets	
Orencia®	❑ 125mg/mL PFS ❑ 125mg/mL Clickject™	❑ Inject 125mg SC once weekly.	❑ 4 x 125mg/mL	
Otezla®	❑ Starter pack 28 day ❑ 30mg tablet	❑ Take as directed by mouth per package instructions. ❑ Take 30mg (1 tablet) by mouth twice daily.	❑ 55 tablets ❑ 60 tablets	0
Rinvoq™	❑ 15mg ER tablet	❑ Take 15mg (1 tablet) by mouth once daily.	❑ 30 tablets	
Simponi®	❑ 50mg/0.5mL SmartJect® Autoinjector ❑ 50mg/0.5mL PFS	❑ Inject 50mg SC once monthly.	❑ 1 x 50mg/0.5mL	
Skyrizi™	❑ 150mg/mL PFS ❑ 150mg/mL Pen	❑ Loading: Inject 150mg SQ at week 0. ❑ Maintenance: Inject 150mg SQ at week 4, then every 12 weeks thereafter.	❑ 1 x 150mg/mL ❑ 1 x 150mg/mL	0 _____
Stelara®	❑ **≤100kg Body Weight**: 45mg/0.5mL PFS ❑ **>100kg Body Weight**: 90mg/1mL PFS	❑ Loading: Inject 45mg SC at week 0. ❑ Maintenance: Inject 45mg SC on day 29 and every 12 weeks thereafter. ❑ Loading: Inject 90mg SC at week 0. ❑ Maintenance: Inject 90mg SC on day 29 and every 12 weeks thereafter.	❑ 1 x 45mg/0.5mL ❑ 1 x 45mg/0.5mL ❑ 1 x 90mg/mL ❑ 1 x 90mg/mL	0 _____ 0 _____
Taltz®	❑ 80mg/mL Autoinjector ❑ 80mg/mL PFS	❑ Loading: Inject 160mg (2 x 80mg) SC at week 0. ❑ Maintenance: Inject 80mg SC at week 4 and every 4 weeks thereafter. ❑ Initial: Inject 160mg (2 x 80mg) SC at week 0 and 80mg at week 2. ❑ Loading cont.: Inject 80mg SC every 2 weeks (week 4-week 10). ❑ Maintenance: Inject 80mg SC at week 12 and every 4 weeks thereafter.	❑ 2 x 80mg/mL ❑ 1 x 80mg/mL ❑ 3 x 80mg/mL ❑ 2 x 80mg/mL ❑ 1 x 80mg/mL	0 _____ 0 1 _____
Tremfya™	❑ 100mg/mL One-Press Pen injector ❑ 100mg/mL PFS	❑ Loading: Inject 100mg SQ at week 0. ❑ Maintenance: Inject 100mg SQ at week 4, then every 8 weeks thereafter.	❑ 1 x 100mg/mL ❑ 1 x 100mg/mL	0 _____
Xeljanz®	❑ 5mg tablet ❑ 11mg XR tablet	❑ Take 5mg (1 tablet) by mouth twice daily. ❑ Take 11mg (1 tablet) by mouth once daily.	❑ 60 tablets ❑ 30 tablets	

To Prescriber: *By signing this form and utilizing our services, you are authorizing Infinity Care Solutions, a division of Infinity Compounding Solutions, LLC, its agents and employees, to serve as your prior authorization designated agent in dealing with medical or prescription claims payers, processors and other entities.*

Date: _____ _____ _____

DISPENSE AS WRITTEN **MAY SUBSTITUTE**