INTEGRATED CARE SYSTEMS

BIOLOGICS
PATIENT REFERRAL FORM

PHONE 800.734.2896
FAX 559.734.6451

Patient Last Name	First Name	Referral Date
○ Male ○ Female	DOB	Prescriber
Address	Phone	Provider Phone # Fax #
○ **NKDA** **Height** _____ **Weight** _____ ○ **Allergies** _____		Nurse/Office Contact

PRIMARY DIAGNOSIS

- ○ Ulcerative Colitis
- ○ Crohn's Disease
- ○ Psoriatic Arthritis
- ○ Rheumatoid Arthritis
- ○ Ankylosing Spondylitis
- ○ Other _____

LAB ORDERS _____

PREMEDS

- ○ Acetaminophen 650mg PO prior to infusion and prn pain or fever
- ○ Diphenhydramine 25mg PO prior to infusion and prn rash/itching
- ○ Zyrtec (cetirizine) 10mg PO prior to infusion
- ○ Solumedrol 125mg slow IV Push prior to infusion
- ○ Other _____

AS NEEDED MEDS

- ○ 0.9% Normal Saline 1 liter during infusion
- ○ Ondansetron 8mg (add to NS bag for N/V)
- ○ Ondansetron 4mg slow IV Push q4hrs prn nausea
- ○ Other _____

○ Anaphylactic Kit: Epipen 0.3mg auto-injector as directed, Diphenhydramine 12.5mg tab #4 and Diphenhydramine 50mg vial #1 U.D.

PLEASE FAX THE FOLLOWING ALONG WITH THIS ORDER

-Face sheet/Demographics
-H&P
-Labs
-Copy of Insurance Card
-MD notes
-Current TB Test Results (within 1 year)
-Current Hep B Test Results (within 1 year)

We will notify you within 24 hours, once this referral is received

If you do not receive a confirmation please call 1.800.734.2896 or re-fax the referral to 559.734.6451

Thank you for the opportunity to assist in the care of your patient

PHYSICIAN ORDER

○ REMICADE (Infliximab) (Includes Pre Meds)

○ INFLECTRA (Infliximab-dyyb) (Includes Pre Meds)

DOSE

- ○ 3mg/kg ○ 5mg/kg ○ 7.5mg/kg ○ 10mg/kg
- ○ Round up to the nearest 100mg

FREQUENCY

- ○ Induction: Week 0,2,6, and then every 8 weeks
- ○ Maintenance: Every 8 weeks

○ ENTYVIO (Vedolizumab)

DOSE

- ○ 300mg

FREQUENCY

- ○ Induction: Week 0,2,6, and then every 8 weeks
- ○ Maintenance: Every 8 weeks

○ STELARA (ustekinumab)

- ○ Single IV induction dose administered over at least 1 hour
- ○ 90mg SQ every 8 weeks after induction dose

○ SKYRIZI (risankizumab-rzaa)

CROHN'S DISEASE INDUCTION DOSE 600 mg

- ○ Week 0,4,8 administered via IV Infusion

ULCERATIVE COLITIS INDUCTION DOSE 1200 mg

- ○ Week 0,4,8 administered via IV Infusion

MAINTENANCE DOSE

- ○ Week 12: Inject 180 mg/1.2 mL SQ and every 8 weeks
- ○ Week 12: Inject 360 mg/2.4 mL SQ and every 8 weeks

REQUIRED LABS

- ○ CMP prior to week 4, 8, and 12

○ TREMFYA (guselkumab)

INDUCTION DOSE 200 mg

- ○ Week 0,4,8 administered via IV Infusion

MAINTENANCE DOSE

- ○ Week 16: Inject 100 mg SQ and every 8 weeks
- ○ Week 12: Inject 200 mg SQ and every 4 weeks

I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment. I authorize ICS and its employees to serve as prior auth agent in dealing with Medical & Rx insurance companies.

Prescriber Signature **Date**