SYNERGEN Rx Specialty Pharmacy

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SICKLE CELL & IRON OVERLOAD REFERRAL FORM

PATIENT INFORMATION (please attach insurance card)

Name: ☐ M ☐ F DoB:

Street: City: State: Zip:

Phone: Phone: Allergies:

CLINICAL INFORMATION (please attach clinical notes and labs)

Diagnosis with ICD-10 code

- ☐ **D56.1** beta thalassemia
- ☐ **D57.1** sickle cell disease withOUT crisis
- ☐ **D57.21** sickle cell disease with crisis
- ☐ **E83.111** chronic iron overload
- ☐ Other:

Clinical History

ht: ____ in/cm **wt**: ____ lb/kg

Number of vaso-occlusive crises within the past 12 months:

Is patient currently receiving concomitant chronic prophylactic blood transfusion therapy? ☐ yes ☐ no

Labs and Procedures

(attach copies of most recent results)

- ☐ CBC w/diff
- ☐ iron
- ☐ TIBC
- ☐ transferrin
- ☐ Tsat
- ☐ ferritin

Treatment History

Current medication(s) with date(s) started:

Prior medication(s) with dates of use:

PRESCRIPTION

☐ **DAW** (deliver to ☐ patient ☐ office)

Medication	*Dose/Strength*	*Directions/Sig*	*Quantity*	*Refills*
☐ Adakveo	100mg/10mL	____mg IV weeks 0 and 2 then every 4 weeks		
☐ Endari	5g packet	Mix in 8oz cold or warm beverage (water, juice) or 4-6oz soft food (yogurt, applesauce) prior to administration ☐ **(< 30kg)** 5g (1 pct) PO BID ☐ **(30-65kg)** 10g (2 pct) PO BID ☐ **(> 65kg)** 15g (3 pct) PO BID		
Hydroxyurea preps				
☐ Droxia	☐ 200mg cap ☐ 300mg cap ☐ 400mg cap			
☐ Hydrea (hydroxyurea)	☐ 500mg cap			
☐ Siklos	☐ 100mg cap ☐ 1000mg cap			
Iron Overload				
☐ Desferal (deferoxamine)	☐ 500mg ☐ 2g	Route: ☐ IM ☐ IV ☐ sub-Q Dose:		
☐ Exjade (deferasirox)	☐125mg soluble tab ☐ 250mg soluble tab ☐500mg soluble tab			
☐ Jadenu (deferasirox)	Packet: ☐ 90mg ☐ 180mg ☐ 360mg Tablet: ☐ 90mg ☐180mg ☐ 360mg			
Other:				

PRESCRIBER INFORMATION

Prescriber: Supervising Physician:

Contact Name: Contact Method: ☐ Phone ☐ Fax ☐ Email:

Phone: Ext: Fax:

Street: City: State: Zip:

Signature: Date: NPI:

*By signing this form, I authorize Synergen Rx LLC and its employees to act as authorized agents on behalf of my office to obtain prior authorization through my patient's insurance plan and to facilitate the enrollment of the patient into patient assistance programs with manufacturers and other foundations.