RHEUMATOLOGY ORDER

PATIENT INFORMATION

Last Name ______ First Name ______

Social Security # ______ Date of Birth ______

Address: ______

Sex □ M □ F Phone: ______

TREATMENT ARRANGEMENTS

Start Date: ______

Ship Meds: □ Home □ Doctor Office

□ Other: ______

Diagnosis: □ Rheumatoid Arthritis □ Ankylosing Spondylitis □ Osteoporosis □ Psoriatic Arthritis □ Lupus □ Ulcerative Colitis □ Gout □ Crohn's
□ Spondyloarthropathy and/or Other: ______ Date of Diagnosis: ______

Premeds: *□Tylenol 325mg 2 PO* *□Loratadine 10mg PO* *□Benadryl_______mg IV/PO (circle one)* *□SoluCortif______mg IV*
□Ondansetron___mg IV *□Promethazine__mg IV* Quzyttir 10mg IVSP over 1-2 minutes *□ Other* ______

√ *Standing Order: Anaphylaxis Protocol* √ ***Skilled Nurse to start PIV, infuse per protocol, DC PIV each visit***

□ Lab Draw As Follows: ______Q ______

□Quantiferon Gold Lab Draw Q ______Patient to FU w/MD Q______

PRESCRIPTION INFORMATION

MEDICATION	STRENGTH		DIRECTIONS	QTY	REFIL
□ **Actemra**	□ 80 mg/4 ml □ 200 mg/10 ml □ 400 mg/20 ml	_____mg/kg	Induction dose: 4 mg/kg every 4 weeks Maint. Dose: (based on clinical response): 8 mg/kg every 4 weeks Other:		
Avsola	5mg/kg		Induction Dose: Administer IV on week 0, week 2, week 6 Maint. Dose: IV every 8 weeks after Induction dose		
□ **Benlysta**	40 mg Vial / 10mg/kg		Induction Dose: Administer IV over 1 hour on week 0, then q2w x 3 doses Maint. Dose: IV over 1 hour every 4 weeks after Induction dose		
Inflectra	3mg/kg 5mg/kg 10mg/kg		Induction Dose: Administer IV over 1 hour on week 0, week 2, week 6 Maint. Dose: IV over 1 hour every 8 weeks after Induction dose		
Kyrstexxa	8mg/ml *protect from light and use within 4 hours of mixing **Confirm uric acid level prior to infusion** **Methotrexate (As Prescribed - Immunomodulator)**		8mg/mL IV in bag of 0.9% or 0.45%NaCl every 2 weeks over 2 hours IV Corticosteroids: Methylprednisolone hydricortisone 125mg prior to each infusion. Antihistamines: Allegra 180mg; Claritin 10mg; Benadryl 25-50mg po to be taken night before infusion and/or can administered concomitant with infusion. Oral Analgesic: Tylenol 325mg 2 po prior to each infusion.		
□ **Orencia**	250mg Vial		mg in 100ml of 0.9% NaCl over 30 min. at weeks 0, 2, and 4, then every 4 weeks		
□ **Rituxan**	□ 100mg/10ml vial □ 500mg/50ml vial		Infuse two doses of 100mg in 1 liter of 0.9% NaCl separated by 2 weeks. Other:		
□ **Remicade**	______mg/kg 100mg Vial		Induction Dose: IV in 250ml of 0.9% NaCl at weeks 0, 2, and 6 weeks. Maint. Dose: IV in 250ml of 0.9% NaCl every 8 weeks. Maint. Dose: IV in 250ml of 0.9% NaCl every 6 weeks. Other:		
Renflexis	3mg/kg 5mg/kg 100mg Vial		Induction Dose: IV in 250ml of 0.9% NaCl at weeks 0, 2, and 6 weeks. Maint. Dose: IV in 250ml of 0.9% NaCl every 8 weeks. Maint. Dose: IV in 250ml of 0.9% NaCl every 6 weeks. Other:		
□ **Ruxience**	500mg Methylprednisolone 100mg IV or equivalent 30 min prior to infusion		2 - 1000mg IV infusions over 90 min separated by 2 weeks every 24 weeks Other: Evey ______ weeks Induction: 375mg/per meter square once weekly for 4 weeks for active GPA or MPA. Followed by Two 500mg infusions separated by 2 weeks followed by 500mg every 6 months		
□ **Simponi Aria**	□ mg/kg		Induction Dose: Administer IV over 30 min on week 0, week 4, then 8 weeks Maint. Dose: IV over 30 min every 8 weeks after Induction dose		
□ **Saphnelo**	300mg		IV 30 min every 4 weeks for _______ months		
Truxima	100mg/10mL / 500mg/50mL 1000mg		Induction Dose: 50mg/hr, increase rate by 50mg/hr every 30 min, max rate 400mg/hr Maint. Dose: 100mg/hr, increase rate by 100mg/hr every 30 min, max rate 400mg/hr		
Cosentyx	Loading Dose 6mg/kg given on week/day 0 1.75mg/k IV q4wks (Max maintenance dose is 300mg q4wk)		Other:		

□ ***Skilled Nursing visit for self-injection training and one additional visit with next dose if needed***

Physician Signature:______ □ **DAW (Dispense as Written)**

Date: ______

Physician Address: ______

Phone:______**Fax:**______

Physicians Name	
□	□
□	□
□	□
□	
NPI: ______	**DEA No.** ______

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