

# RHEUMATOLOGY ORDER

## PATIENT INFORMATION

## TREATMENT ARRANGEMENTS

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Sex ☐ M ☐ F Phone: \_\_\_\_\_

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 500mg 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 min ☐ Other ☐ SoluMedol \_\_\_\_\_ mg IV  
 ✓ 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
<input type="checkbox"/> Actemra	<input type="checkbox"/> 80 mg/4 ml <input type="checkbox"/> 200 mg/10 ml <input type="checkbox"/> 400 mg/20 ml	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		
<input type="checkbox"/> 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 hydrocortisone 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.		
<input type="checkbox"/> Orencia	250mg Vial	mg in 100ml of 0.9% NaCl over 30 min. at weeks 0, 2, and 4, then every 4 weeks		
<input type="checkbox"/> Rituxan	<input type="checkbox"/> 100mg/10ml vial <input type="checkbox"/> 500mg/50ml vial	Infuse two doses of 1000mg in 1 liter of 0.9% NaCl separated by 2 weeks. Other: _____		
<input type="checkbox"/> 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: _____		
<input type="checkbox"/> 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: Every _____ 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		
<input type="checkbox"/> Simponi Aria	<input type="checkbox"/> _____ 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		
<input type="checkbox"/> 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		
OMVOH or other	300mg/15mL other: _____	INITIAL: administered by IV over at least 30 minutes at weeks 0, 4, and 8 MAINTENANCE: 200mg administered by SQ, given as 2 consecutive injections of 100mg each at week 12 & every 4 weeks thereafter 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: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

### Physicians Name

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	
NPI: _____	DEA No. _____

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