

# 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 _____ mg/kg <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:		
<input type="checkbox"/> 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		
<input type="checkbox"/> 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		
<input type="checkbox"/> Kyrstexxa	8mg/ml <i>*protect from light and use within 4 hours of mixing</i> 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 100mg 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:		
<input type="checkbox"/> 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		
<input type="checkbox"/> 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		
<input type="checkbox"/> OMVOH or other	300mg/15mL other:	<b>INITIAL:</b> administered by IV over at least 30 minutes at weeks 0, 4, and 8 <b>MAINTENANCE:</b> 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"/>	<input type="checkbox"/>
NPI: _____	DEA No. _____

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