Rheumatology Associates of Delmarva

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Infusion/Injection Services

Please include the following information with orders:

1. Patient demographic sheet
2. Current insurance information
3. Last 2 office notes, last infusion flowsheet, most recent lab results
4. Medication specific lab work results:
    a. ***Infliximab***-HBsAg, anti-HBs, anti-HBc, QTB/PPD/T-spot; ***Tysabri***- anti-JCV; ***Ocrevus***- HBsAg, anti-HBs, anti-HBc; ***Prolia***- calcium, creatinine, 25(OH) Vit. D; ***Krystexxa***-G6PD, sUA
5. Most recent DEXA report for Prolia and Evenity patients
6. Diagnosis code ____________________
7. CBC and CMP will be updated every 6 months unless otherwise indicated below.

    HBsAg and QTB will be updated annually for infliximab and Ocrevus.

    a. Standing Lab order:

    ____

Infusion/Injection Services Order Sheet

Patient name:____________________________**DOB:**____________________________________

_____ **Actemra** Induction______ 4 mg/kg = _____mg IV every 4 weeks

Maintenance ______8 mg/kg = _____mg IV every 4 weeks

_____ **Benlysta** 10 mg/kg IV every 2 weeks x 3, then every 4 weeks

_____ **Cimzia** 400 mg SC every 2 weeks x 3, then every ____ weeks

_____ **Entyvio** 300 mg IV on week 0, 2, 6, then every 8 weeks; infused ≥ 30 minutes

_____ **Evenity** 210 mg SC every month x 12 months

_____ **Faraheme** 510 mg IV; 2 infusions, 3-8 days apart

_____ **Ilaris** 4 mg/kg SC every 4 weeks; not to exceed 300 mg/dose

_____ **Ilumya** 100 mg SC at weeks 0, 4, and 12 weeks thereafter

_____ **Infliximab** (branding will follow insurance formulary protocols)

Induction _____ 3 mg/kg = ________mg IV on week 0, 2, 6; infused ≥ 2 hours

_____ 5 mg/kg = ________mg IV on week 0, 2, 6; infused ≥ 2 hours

Maintenance ______ mg/kg = ________mg IV every _____ weeks; infused ≥ 2 hours

_____ **Injectafer** 750 mg IV in 2 doses separated by 7 days

_____ **Krystexxa** 8 mg IV infusion every 2 weeks

_____ **Leqvio** 284 mg SC month 0, month 3 and then every 6 months thereafter

_____ **Nucala** 100 mg SC every 4 weeks

_____ **Nulojix** 10 mg/kg IV on day of transplant; repeat this dose on Day 5 and at end of Weeks 2, 4, 8, and 12 after transplantation. Maintenance: 5 mg/kg IV at end of Week 16 and then every 4 weeks thereafter

_____ **Ocrevus * Unless contraindicated--Solumedrol 125 mg will always be given**

Induction _____ 300 mg IV on day 0 and day 15; infused ≥ 2.5 hours

Maintenance _____ 600 mg IV every 6 months; infused ≥ 3.5 hours

_____ **Orencia** _____ mg IV every 2 weeks x 3, then every 4 weeks

_____ **Prolastin** 60 mg/kg IV infusion every week

_____ **Prolia** 60 mg SC every 6 months

_____ **Rituximab** (branding will follow insurance formulary protocols) 500 mg or 1000 mg IV, repeat after 2 weeks. Repeat course every 24 weeks

_____ **Saphnelo** 300 mg IV every 4 weeks

_____ **Simponi Aria** 2 mg/kg IV at weeks 0, 4, then every 8 weeks

_____ **Soliris** dose 1-4: 600 mg IV every week for first 4 weeks, followed by dose 5: 900 mg IV 1 week later, THEN 900 mg IV every 2 weeks thereafter

_____ **Stelara** Initial weight based IV dose; then 90 mg SC every 8 weeks thereafter

_____ **Tremfya** 100 mg SC at week 0, week 4, and every 8 weeks thereafter

_____ **Tysabri** 300 mg IV every 4 weeks; infused ≥ 1 hour

_____ **Venofer** 200 mg IV for 5 doses in over 14 days

_____ **Viscosupplementation Injections** (branding will follow insurance formulary protocols)

_____ **Vyepti** 100 mg or 300 mg IV every 3 months (circle dose)

_____ **Xolair** _____ mg SC every _____ weeks

_____ **Zoledronic acid** 5 mg IV annually x 3 doses

***Pre-Medications will be utilized following standard recommendations unless otherwise specified*:**

_____ Tylenol 650 mg PO _____ Zofran 4 mg IVP

_____ Zyrtec 10 mg PO

_____ Benadryl 25 mg PO / IVP _____ Benadryl 50 mg IVP

_____ Solumedrol 40 mg IVP _____ Solumedrol 125 mg IVP

Ordering Provider
Signature:____**Date**_____________

Ocrevus/Tysabri orders will be updated every 6 months. All other medication orders will be updated annually.

NOTE: Please fax all infusion/injection referrals to 410-819-6646