

BIOLOGIC INFUSION ORDER FORM

REQUIRED INFORMATION

- Patient demographics & insurance information This signed order form from the provider
 Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (ICD-9 below)

Patient Name: _____ DOB: _____

Allergies: NKDA _____ Phone: _____

Insurance: _____ Patient's Weight: _____ lb/kg

Date of last: Remicade Orencia Humira Cimzia _____

DIAGNOSIS

- Crohn's Disease (555.9) Ulcerative Colitis (556.9) Rheumatoid Arthritis (714.0)
 Ankylosing Spondylitis (720.0) Psoriasis (696.0) Psoriatic Arthritis (696.1)
 Other: _____ Systemic Lupus Erythematosus (710.0)

MEDICATION

- Actemra (J3262) **Protocol #: 1, 2, & 3**
 4mg/kg Q4weeks 8mg/kg Q4weeks _____ mg Q4weeks
- Benlysta (J0490) **Protocol #: 3&4**
Pre-medicate with Tylenol 1000mg PO and Benadryl required
 10mg/kg in 250mls of NS IV over 60 minutes (loading dose: days 0,14, 28, then Q28)
 _____ mg in 250mls of NS IV over 60 minutes
- Cimzia (J0718) **Protocol #: 1, 2, & 3**
 400MG Sub-Q (loading dose: weeks 0, 2, 4 then 200mgQ2wks or 400mgQ4wks)
- Orencia (J0129) **Protocol #: 1, 3, & 4**
 _____ mg (loading dose: weeks 0, 2, 4, then Q4wks)
- Remicade (J1745) **Protocol #: 1, 2, 3, & 4**
 _____ mg/kg (loading dose: weeks 0, 2, 6, then Q8wks)

FREQUENCY AFTER LOADING DOSE IF DIFFERENT THAN ABOVE

Q2wk Q4wk Q5wk Q6wk Q7wk Q8wk Q _____

Physician Name _____ Phone _____ Fax _____

Signature _____ Date _____

BIOLOGIC PROTOCOL

Protocol #1: TB testing	<p>This biologic selected requires TB testing to be done prior to administration. Please choose one of the following :</p> <p><input type="checkbox"/> Our office will provide documentation of the last chest x-ray & TB/Quantiferon TB Gold test</p> <p><input type="checkbox"/> Infusion Solutions of Delaware, LLC will perform the requested tests</p>
Protocol #2 Hepatitis studies	<p>This biologic selected requires an acute hepatitis panel to be done prior to administration. Please choose one of the following :</p> <p><input type="checkbox"/> Our office will provide documentation of the last labs showing hepatitis studies (within 2 years)</p> <p><input type="checkbox"/> Infusion Solutions of Delaware, LLC will perform the requested tests</p>
Protocol #3 Routine baseline labs	<p>This biologic selected requires baseline labs including CBC, CMP, (and a lipid profile with Actemra only) to be done prior to administration. Please choose one of the following :</p> <p><input type="checkbox"/> Our office will provide documentation of the last labs CBC, CMP (and lipid profile with Actemra only) (within 60 days of starting the infusion)</p> <p><input type="checkbox"/> Infusion Solutions of Delaware, LLC will perform the requested tests</p>
Protocol #4 Optional Pre- medication	<p><input type="checkbox"/> Tylenol 1000mg PO</p> <p><input type="checkbox"/> Antihistamine 1 tab PO</p> <p><input type="checkbox"/> Decadron 2mg IV</p> <p><input type="checkbox"/> Benadryl <input type="checkbox"/>25mg IV <input type="checkbox"/>50mg IV</p>

Physician Name _____ Phone _____ Fax _____

Signature _____ Date _____