

# 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

<b>Protocol #1: TB testing</b>	<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 &amp; TB/Quantiferon TB Gold test</p> <p><input type="checkbox"/> Infusion Solutions of Delaware, LLC will perform the requested tests</p>
<b>Protocol #2 Hepatitis studies</b>	<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>
<b>Protocol #3 Routine baseline labs</b>	<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>
<b>Protocol #4 Optional Pre- medication</b>	<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 \_\_\_\_\_