BIOLOGIC INFUSION ORDER FORM

Required Information

- ○ Patient Demographics and Insurance Information
- ○ Clinical/Progress Notes, Labs (Including Hepatitis and TB)
- ○ This signed order form from the provider

Patient Name: _____ DOB: _____

Allergies: ☐ NKDA _____ Phone: _____

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

Date of last ☐ Remicade ☐ Orencia ☐ Humira ☐ Cimzia _____

DIAGNOSIS

- ○ Allergic Asthma
- ○ Ankylosing Spondylitis
- ○ Clinical Atherosclerotic Cardiovascular Disease
- ○ Chronic Idiopathic Urticaria
- ○ Crohn's Disease
- ○ Heterozygous Familial Hypercholesterolemia
- ○ Migraines
- ○ Multiple Sclerosis
- ○ Psoriasis
- ○ Psoriatic Arthritis
- ○ Rheumatoid Arthritis
- ○ Systemic Lupus Erythematosus
- ○ Ulcerative Colitis
- ○ Other: _____

MEDICATION

- ☐ **Actemra** (J3262) ☐ 4mg/kg Q4wks ☐ 8mg/kg Q4wks ☐ _____mg Q4wks
- ☐ **Benlysta** (J0490) ☐ 10mg/kg in 250mls of NS IV over 60 minutes (Loading dose: Day 0, 14, 28, then Q4wks)
- ☐ **Cimzia** (J0718) ☐ 400mg SQ (Loading dose: Week 0, 2, 4, then 200mg Q2wks or 400mg Q4wks)
- ☐ **Entyvio** (J3380) ☐ 300mg IV at week 0, 2, 6, then Q8wks
- ☐ **Leqvio** (J3490) ☐ 284mg SQ initially, at 3 months, then Q6 months
- ☐ **Ocrevus** (J2350) ☐ 300mg weeks 1, 3, then 600mg Q6 months
- ☐ **Orencia** (J0129) ☐ _____mg (loading dose: Weeks 0, 2, 4, then Q4wks)
- ☐ **Remicade** (J1745) ☐ _____mg/kg (loading dose: Weeks 0, 2, 6, then Q8wks)
  - ☐ Or preferred Biosimilar _____
- ☐ **Stelara**--
  - ☐ **PS/PsA** (J3357) ☐ 45mg ☐ 90mg (Loading dose: weeks 0, 4, then Q12wks)
  - ☐ **Crohn's** (J3357) ☐ _____mg IV then _____mg Q 8 weeks
- ☐ **Tepezza** (J3590) ☐ 10mg/kg initially then 20mg/kg doses #2-8 Q3wks
- ☐ **Vyepti** (J3590) ☐ 100mg IV Q3months
- ☐ **Xolair** (J2357) ☐ ____mg Q____wks

FREQUENCY AFTER LOADING DOSE IF DIFFERENT THAN ABOVE

☐ Q _____wks

Physician Name _____ Phone _____ Fax _____

Signature_____ Date_____

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