Rheumatology Infusion Orders

ALLIED INFUSION

Phone: 713-222-2364 or 1-888-538-0060 Fax: 832-698-3961

Patient Information		Prescriber Information
Name:		Prescriber Name:
DOB:		NPI:
Address:		Address:
City: State:		City:
Zip: Weight:		State: Zip:
Phone:		Phone:
Allergies:		
Diagnosis (please provide ICD-10 code in space provided):		
Rheumatoid Arthritis Ankylosing Spondylitis Psoriatic Arthritis Plaque Psoriasis Lupus Gout Granulomatosis with Polyangiitis Microscopic Polyangiitis Polyarticular Juvenile Idiopathic Arthritis Other:		
Nursing Orders: Hold infusion and notify provider for: Signs/symptoms of illness or active infection, planned/recent surgical procedures, cough, night sweats, unintended weight loss, recent live vaccinations, active shingles. If infusion related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated.		
Premedications:		
□ Tylenol 650mg PO □ Loratadine 10mg PO □ Benadryl 25mg IV or PO □ Solu-Medrol 40mg, 125mg or mg □ Other:		
Order valid for one year unless otherwise indicated. IV solutions and diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.		
Simponi Aria IV	2 mg/kg ☐ Weeks 0, 4, and then every 8 weeks ☐ Every 8 weeks	
	Mixed in 100 mL 0.9% sodium (pore size 1.2 micron or less)	m chloride. Use in-line, sterile, non-pyrogenic low protein binding filter).
□ Orencia IV	mg □ Weeks 0, 2,4 and then ev	very 4 weeks
	Every 4 weeks	
	Mixed in 100 mL 0.9% sodium (pore size 1.2 micron or less)	m chloride. Use in-line, sterile, non-pyrogenic low protein binding filter).
☐ Saphnelo 300 MG IV	Every 4 weeks Mixed in 100 mL 0.9% sodius (pore size 1.2 micron or less)	m chloride. Use in-line, sterile, non-pyrogenic low protein binding filter).
□ Krystexxa IV 8 MG	Every 2 weeks	
	Use in-line, sterile, non-pyrog	genic low protein binding filter (pore size 1.2 micron or less).
□ Rituxan	□ 1000 mg or mg	
🗆 Truxima	□ Weeks 0, 2, and every 24 weeks	
	□ 375 mg/m ₂ once a week for 4 consecutive weeks	
	Mixed in 500 mL 0.9% sodiu	m chloride. Use in-line, sterile, non-pyrogenic low protein binding filter
IV	(pore size 1.2 micron or less)).
□ Actemra IV	□ 4 mg/kg □ 8 mg/kg	
	U Weeks 0, 4, and then eve	ry 4 weeks
	Every 4 weeks	m chloride. Use in-line, sterile, non-pyrogenic low protein binding filter
	(pore size 1.2 micron or less)	
Prescriber Name (Please print):		

Prescriber Signature: _

Date:

Please include a copy of the latest insurance information as well as all applicable clinical notes. Email to: orders@alliedinfusion.com Fax to: 832-698-3961

By signing this form, you certify that the use of the selected treatment is medically necessary and you will be supervising the treatment of the patient. Additionally, you authorize Allied Infusion Services to act as your prior authorization designated agent when interacting with medical and prescription payors and patient assistance programs.