INFUSION ORDERS

DIAGNOSIS	Dose/Strength	Directions	Qty	Refills
☐ Inflectra	☐ 100 mg Vial **Pre-medication Orders:** ☐ Acetaminophen _____mg ☐ Lortatdine 10mg ☐ Diphenhydramine _____mg PO ☐ Cetirizine 10mg PO ☐ Solu-Medrol 62.5mg IVP ☐ Solu-Cortef _____mg ☐ Solu-Medrol 125mg IVP			
☐ Kevzara	☐ 150 mg/1.14 mL Prefilled Pen ☐ 150 mg/1.14 mL Prefilled Syringe ☐ 200 mg/1.14 mL Prefilled Pen ☐ 200 mg/1.14 mL Prefilled Syringe			
☐ Olumiant	☐ 2 mg Tablet			
☐ Orencia	☐ 250 mg Vial ☐ 87.5 mg/0.7 mL Prefilled Syringe ☐ 125 mg/mL Prefilled Syringe ☐ 50 mg/0.4 mL ClickJet Autoinjector ☐ 125 mg/mL ClickJet Autoinjector			
☐ Otezla	☐ 30 mg Tablet ☐ Starter Pack (2 weeks) ☐ Starter Pack (28-day)			
☐ Remicade	☐ 100 mg Vial **Pre-medication Orders:** ☐ Acetaminophen ____mg ☐ Cetirizine 10mg PO ☐ Lortatdine 10mg ☐ Diphenhydramine ___mg PO ☐ Solu-Medrol 125mg IVP ☐ Solu-Medrol 62.5mg IVP ☐ Solu-Cortef _____mg			
☐ Renflexis	☐ 100 mg Vial **Pre-medication Orders:** ☐ Acetaminophen ___mg ☐ Diphenhydramine_____mg PO ☐ Zyrtec 10mg ☐ Claritin 25mg			
☐ Rituxan	☐ 100 mg/10 mL Vial ☐ 500 mg/50 mL Vial **Pre-medication Orders:** ☐ Acetaminophen ___mg ☐ Methylprednisolone _____mg IV			
☐ Simponi	☐ 50 mg/0.5 mL Prefilled Syringe ☐ 100 mg/mL Prefilled Syringe ☐ 100 mg/mL SmartJect Autoinjector ☐ 50 mg/0.5 mL SmartJect Autoinjector			
☐ Simponi Aria	☐ 50 mg/4 mL Vial **Pre-medication Orders:** ☐ Diphenhydramine _____mg IV or PO			
☐ Stelara	☐ 45 mg/0.5 mL Vial ☐ 90 mg/mL Prefilled Syringe ☐ 45 mg/0.5 mL Prefilled Syringe			
☐ Taltz	☐ 80 mg/mL Autoinjector ☐ 80 mg/mL Prefilled Syringe			
☐ Xeljanz	☐ 5 mg Tablet			
☐ Xeljanz XR	☐ 11 mg Extended-Release Tablet			
☐ Other				

Hypersensitivity/Anaphylaxis Response Protocol PRN

PHYSICIAN INFORMATION

By signing this form and utilizing your services, you are authorizing DeliverIt Pharmacy and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____