

5230 Pacific Concourse Dr. Ste 100 Los Angeles, CA 90045 www.pacificinfusion.com (310) 297-9269 office (310) 297-9222 fax

Patient Name:			Phone:	
Physician use only: <b>SIG:</b>		DOB:	Patient Weight (in kg):	
	Actemra mg p	oer kg IV every 4 w	eeks	
	<u> </u>	<b>Benlysta</b> 10 mgs per kg IV on weeks 0, 2, 4 and then every 4 weeks		
		Cimziamg SC on weeks 0, 2, 4 and then every 4 weeks		
		Cosentyx 6 mg on week 0 as a loading dose then 1.75 mg per kg every 4 weeks		
		Cosentyx 1.75 mg every 4 weeks (without loading dose)		
		Entyvio 300 mgs per kg IV @ weeks 0, 2, 6 and then everyweeks		
		Evenity 210 mg SC every month for 12 months		
		<b>Ilumya</b> 100 mgs SC @ weeks 0, 4 and then 100 mg SC every 12 weeks		
		Kinsula 700 mgs IV @ weeks 0, 4 and 8 then 1400 mg every 4 weeks		
	Leqembi 10 mgs per kg I	<b>Leqembi</b> 10 mgs per kg IV every 2 weeks		
	Leqvio 284 mgs SC on w	<b>Leqvio</b> 284 mgs SC on week 0, then at 3 months then every 6 months		
	Ocrevus 300 mgs IV @ v	Ocrevus 300 mgs IV @ weeks 0, 2 and then 600mg IV every 6 months		
	Omvoh 300 mgs IV @ w	<b>Omvoh</b> 300 mgs IV @ weeks 0, 4 and 8		
	Orenciamgs IV or	Orenciamgs IV on weeks 0, 2, 4 and then every 4 weeks		
	☐ <b>Prolia</b> 60 mg SC every 6	Prolia 60 mg SC every 6 months		
		<b>Remicade</b> mgs per kg IV @ weeks 0, 2, 6 and then everyweeks		
		<b>Renflexis</b> mgs per kg IV @ weeks 0, 2, 6 and then everyweeks		
		Rituxan mgs IV every		
		Saphenelo 300 mgs IV every 4 weeks		
		Simponi Aria 2 mg per kg IV at weeks 0, 4 and then every 8 weeks		
		Skyrizi 600 mgs per kg IV @ weeks 0, 4, 8		
		Stelara mgs IV @ weeks 0, 4 and then mg IV every weeks		
		<b>Tepezza</b> 10 mgs per kg IV @ weeks 0 an then 20 mg per kg IV every 3 weeks		
	Other:			
Premedication?:				
□ Acetaminophenmg PO				
	Diphenhydramine 25mg IV	<i>V</i>		
	Fexofenadine 180mg PO	Fexofenadine 180mg PO Screening labs/tests sent to us		
	<b>Methyprednisolone</b> □ 40m	Methyprednisolone ☐ 40mg IV ☐ 125mg ☐ Other:		
Dx:			ICD-10 code:	
MD Signature:			Date:	
MD Print Name:			Phone Number:	

Fax this prescription to our office with facesheet/insurance card/requested labs and/or tests (see <a href="https://www.pacificinfusion.com">www.pacificinfusion.com</a> for comprehensive list) & give copy to patient.