

5170 Sepulveda Blvd Ste 100 Sherman Oaks, CA 91403 www.pacificinfusion.com (310) 297-9269 office (310) 297-9222 fax

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Patien	it Name:	Pnone:	
Physician	use only: DOB:	Patient Weight (in kg):	
SIG:			
	Actemra mg per kg IV ev	verv 4 weeks	
	Benlysta 10 mgs per kg IV on 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)		
	<b>Entyvio</b> 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 a		
	Kinsula 700 mgs IV @ weeks 0, 4 a		
	Leqembi 10 mgs per kg IV every 2		
	Leqvio 284 mgs SC on week 0, then at 3 months then every 6 months		
	Ocrevus 300 mgs IV @ weeks 0, 2 and then 600mg IV every 6 months		
	<b>Omvoh</b> 300 mgs IV @ weeks 0, 4 and		
	Orenciamgs IV on weeks 0, 2, 4 and then every 4 weeks		
	Prolia 60 mg SC every 6 months		
	Remicademgs per kg IV @ weeks 0, 2, 6 and then everyweeks		
	Renflexis mgs per kg IV @	weeks 0, 2, 6 and then everyweeks	
	Rituxan mgs IV every		
	Saphenelo 300 mgs IV every 4 weel		
	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		
	Stelaramgs IV @ weeks 0.	, 4 and then mg IV every weeks	
	☐ <b>Tepezza</b> 10 mgs per kg IV @ weeks	s 0 an then 20 mg per kg IV every 3 weeks	
	☐ Other:	$\square$ IM or $\square$ IV or $\square$ SC q $\square$	
Premedication?:			
	Acetaminophenmg PO		
	Diphenhydramine 25mg IV		
	Fexofenadine 180mg PO	☐ Screening labs/tests sent to us	
	Methyprednisolone ☐ 40mg IV ☐ 125	omg $\square$ Other:	
	LJ		
Dx:		ICD-10 code:	
DA.		1CD-10 touc	
MD Signature:		Date:	
	<del></del>		
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.