NEPHROLOGY

FAX: 725.228.5220

eMediate INFUSION

☐ New Prescription/Referral
☐ Prescription Refill

 # Of Refills:

PATIENT INFORMATION

*Please attach the copy of patient insurance & ID (front and back)

Name:	DOB:	Weight: kg

PHYSICIAN INFORMATION

Prescriber Name:	Phone:	Fax:
Office Contact:	*Email (for the referral update):	
Clinic:	Address:	
NPI:		
Patient's PCP Name:	Phone:	Fax:
Clinic:	Address:	
NPI:		

PRESCRIPTION INFORMATION (or attach a copy of the prescription)

Diagnosis:

ICD-10:

Soliris (eculizumab):

☐ *paroxysmal nocturnal hemoglobinuria (PNH)
☐ 600mg IV infusion Qweek for the 1st 4 weeks, then
☐ 900mg IV infusion as a fifth dose 1 week later, then
☐ 900mg IV infusion Q 2weeks.

☐ *atypical hemolytic uremic syndrome (aHUS)
☐ 900mg IV infusion Qweek for the 1st 4 weeks, then
☐ 1200mg IV infusion as a fifth dose 1 week later, then
☐ 1200mg IV infusion Q 2weeks.

Diagnosis:

ICD-10:

Krystexxa (pegloticase):

☐ 8mg via IV infusion for at least 120mins Q2wks on a 250ml NS at room temperature
☐ Observe for 1 hour after infusion ☐ Discontinue treatment if uric acid level to > 6mg/dL
☐ Other orders: _____

Diagnosis:

ICD-10:

IVIG:

☐ Ok to use biosimilar

☐ Gamunex (10%) ☐ Privigen (10%) ☐ Octagam (10%) ☐ Gammaplex (10%)
☐ Gammagard (10%) ☐ Bivigam (10%) ☐ Gammaked(10%) ☐ Flebogamma DIF (10%)
☐ Asceniv (10%) ☐ Panzyga (10%) ☐ Other Orders:_____

Dosage: ☐ _____g/day ☐ _____g/kg IV ☐ Over_____# of days ☐ _____# of months

Frequency: ☐ One-Time Only ☐ every _____ weeks (Optional: Start Date _____)

Kidney Transplant
ICD-10 Code:

Nulojix (belatacept):

☐ Initial Phase: 10mg/kg for 30 mins via IV Infusion
☐ Maintenance Phase: 5mg/kg for 30 mins via IV Infusion every 4 weeks (+/-3 days)
☐ Other orders: _____

Diagnosis:

ICD-10 Code:

Injectafer (ferric carboxymaltose):

☐ 1st Dose: 750mg IV infusion in no more than 250ml of 0.9% NaCl over at least 15 mins
☐ 2nd Dose: 7 days after the 1st dose, 750mg IV infusion in no more than 250ml of 0.9% NaCl over at least 15 mins or slow IV push over 7.5 mins

Venofer (iron sucrose):

☐ 200mg in 100ml NaCl over 15 mins x 5 doses via IV infusion over a 14-day period. Total = 1000mg.
☐ 200mg IV push over 2 to 5 mins x 5 doses over a 14-day period. Total = 1000mg.

Ferrlecit:

☐ 125mg in 100ml NaCl over 1hr via IV infusion 48-72 hrs apart x8 doses.

☐ Other orders: _____

Diagnosis:

ICD-10 Code:

Rituximab: ☐ Rituxan ☐ Ruxience ☐ Riabni ☐ Truxima

☐ Ok to use biosimilar

Dosage: ☐ 1000mg ☐ 500mg ☐ Other:_____ _____
☐ 375 mg/m2

Frequency: ☐ one time dose ☐ Weekly x 4 weeks ☐ Other:_____
☐ Repeat dose in 2 weeks ☐ Repeat after 6 months

☐ Other orders: _____

Pre-Medication:

☐ Solumedrol 125mg IVP
☐ Solu-Cortef 100mg IVP
☐ Others: _____

☐ Zofran: ☐ 4mg ☐ 8mg IVP
☐ Tylenol _____ mg PO
☐ 650 mg ☐ 975 mg

☐ Pepcid IV 20mg IVP
☐ Benadryl _____ mg PO
☐ 25 mg ☐ IV
☐ 50 mg ☐ PO

ANA Kit Protocol:

☐ OK to use

PRESCRIBER SIGNATURE: X

Date (Valid for 1 year):

I authorize eMediate Infusion Center, PLLC , Assist Point Clinical or its authorized representatives to initiate any insurance prior authorization process that is required for this prescription and for any future refills of the same prescription for the patient listed above which I order. I understand that I can revoke this designation at any time by providing written notice to eMediate Infusion Center.

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PATIENT INFORMATION

Name:	DOB:

REQUIRED INFORMATION (please attach)

☐ **Patient demographics** ☐ **Insurance attached** ☐ **Diagnosis(supporting)** ☐ **History & Physical**

☐ **Lab Results** ☐ **Clinical progress notes** ☐ **Medication list** ☐ **Other Test Results**

☐ Baseline serum uric acid & G6PD serum level: (Krystexxa) ☐ CBC, Iron, Transferrin, Ferritin, TIBC (Iron)

☐ CBC, Hep B surface antigen & Hep B core antibody total (not IgM): (Rituximab) ☐ Creatinine: (IVIG)

☐ TB Results within 12 months: (Nulojix) ☐ EBV serostatus: (Nulojix) ☐ MenACWY and Men B vaccines (Soliris)

****If TB or Hep B results are positive - please provide documentation of treatment or medical clearance & a negative CXR (TB+)**

We can do patient teaching for IV/IM/SQ injections if needed. One time or multiple visits. If insurance allows we can also administer SQ/IM shot