

Order Requirements

Medication	Consent	Doseage	Freq	Anaphylaxis Protocol Approval	Serum CA			Hep B Non- reactive	Hep C Non- Reactive	TB Screen neg	Dose Benadryl	Dose Solu- Medrol	Dose Tylenol
					WNL within 2 monts	CrCL >25ml/mi n	Serum VitD >30ng/ml						
Actemra	X	X	X	X				X	X	X			
Benlysta	X	X	X	X				X	X	X			
Cimzia	X	X	X	X				X	X	X			
Entyvio	X	X	X	X				X	X	X			
Evenity	X	X	X	X	X	X	X						
Ocrevus	X	X	X	X				X	X	X			
Orencio	X	X	X	X				X	X	X			
Prolia	X	X	X	X	X	X	X						
Remicade	X	X	X	X				X	X	X	X	X	X
Renflexis	X	X	X	X				X	X	X	X	X	X
Rituxan	X	X	X	X				X	X	X	X	X	X
Ruxience	X	X	X	X				X	X	X	X	X	X
Saphnelo	X	X	X	X				X	X	X			
Simponi	X	X	X	X				X	X	X			
Skyrizi	X	X	X	X				X	X	X			
Stelara	X	X	X	X				X	X	X			
Stelara	X	X	X	X				X	X	X			
Zoledronic Acid	X	X	X	X	X	X	X						