



Medication Requirement Reference

****Required for all orders****

- *Clinical notes within 12 months to support diagnosis/plan
- *Documentation of previously tried and failed therapies and duration
- *Insurance information/patient demographics
- *Signed prescription

Drug	Labs Required	Other Requirements
Actemra	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) • Hepatitis B labs 	*For RA-documentation of tried and failed DMARD
Benlysta	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) • Hepatitis B labs 	*Varies by Payer
Cimzia	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) 	
Entyvio	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) • Hepatitis B labs 	*Prior therapy or documentation of contraindication/intolerance to at least one of the following: - Corticosteroids, TNF blocker, or Immunomodulator.
Evenity	<ul style="list-style-type: none"> • Calcium Vitamin D Levels 	*Labs must be dated within one year. *DEXA scan must be dated within two years.
Ilumya	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) • Hepatitis B labs 	*Documentation of greater than or equal to 3% body surface area involvement, palmoplantar, facial, or genital involvement, or severe scalp psoriasis.
Infliximab (Avsola, Inflectra, Remicade, Renflexis)	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) • Hepatitis B labs 	*Documentation of contraindication/intolerance to a DMARD, NSAID, or conventional therapy.
Injectafer	<ul style="list-style-type: none"> • CBC • Ferritin 	* MUST be within the last 28 days.
IVIG	<ul style="list-style-type: none"> • Creatinine (Included in BMP or CMP) 	*Cytogram: BUN/Cr
Krystexxa	<ul style="list-style-type: none"> • Uric Acid Baseline 	*UC to be drawn every 2 weeks by referring physician.
Nucala	<ul style="list-style-type: none"> • CBC 	
Ocrevus	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) 	
Orencia	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) • Hepatitis B labs 	



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Prolia Injection	<ul style="list-style-type: none"> • Calcium • Vitamin D Level 	*Labs must be dated within one year. *DEXA scan must be dated within two years. *Documentation of trial and failed oral bisphosphonates.
Radicava	<ul style="list-style-type: none"> • Documentation of ALSFRS-S Score. • The patient has a FVC > 80% 	* Must enroll patient through the JourneyMate Support Program via manufacturer website
Rituximab (Rituxan, Ruxience)	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) • Hepatitis B labs 	
Simponi Aria	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) • Hepatitis Labs 	*Documentation of tried and failed DMARD
Skyrizi	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) 	
Stelara Injection	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) • Hepatitis B Labs 	*Documentation of failure of to 3 month trial of DMARD & corticosteroids.
Stelara Intravenous	<ul style="list-style-type: none"> • TB Test (Q Gold or Chest Xray) • Hepatitis B Labs 	*Documentation of failure of to 3 month trial of DMARD & corticosteroids.
Tepezza	<ul style="list-style-type: none"> • TSH • T3 • T4 	*CAS score greater than or equal to 3.
Tysabri	<ul style="list-style-type: none"> • JCV Antibody • CMP 	*Pt must be enrolled through manufacturer's Touch Program
Vyepti		*Documentation of number of headaches and migraines per month *Documentation of tried and failed prophylactic therapies.
Xolair	<ul style="list-style-type: none"> • IgE level (30 or above) • 	*RAST Test (must have perennial allergan) *EpiPen
Zinplava	<ul style="list-style-type: none"> • Positive C Diff Test 	*Infusion must be given during oral ABX treatment regimen.
Zoledronic Acid	<ul style="list-style-type: none"> • Calcium • Vitamin D Level • Creatinine 	*Labs must be dated within one year. *DEXA scan must be dated within two years.