

# Methylprednisolone (Solu-Medrol)

Provider Order Form rev. 07/30/2025



## PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

|  |                               |                                    |
|--|-------------------------------|------------------------------------|
| Patient Name:  | DOB:                          | Patient Phone:                     |
| Patient Address:   | Patient Email:                |                                    |
| Allergies:   | <input type="checkbox"/> NKDA | Weight (lbs/kg): Height (in/cm):   |
| Sex: <input type="checkbox"/> M / <input type="checkbox"/> F | Date of Last Infusion:        | Next Due Date: Preferred Location: |

## DIAGNOSIS (Please provide ICD-10 code in space provided)

|   |  |
|---|--|
| RA w/rheumatoid factor, multiple sites:   | RA w/o rheumatoid factor, multiple sites:          |
| Rheumatoid arthritis of unspecified site with involvement of organs and systems:                  |  |
| Rheumatoid arthritis with rheumatoid factor of unspecified site w/o organ or systems involvement: |  |
| systemic lupus erythematosus with organ or system involvement, unspecified:                       |  |
| Arthropathic psoriasis, unspecified:  | Other psoriatic arthropathy:                       |
| Ankylosing spondylitis of unspec. sites in spine:   | Ankylosing spondylitis of multiple sites in spine: |
| Systemic lupus erythematosus, unspecified:  |  |
| Other:  | Description:                                       |

## THERAPY ADMINISTRATION & DOSING (Choose one)

- ☐ Administer Methylprednisolone (Solu-Medrol) 500 mg in 100 ml 0.9% sodium chloride. Infuse over at least 30 minutes<sup>1</sup>
- ☐ Administer Methylprednisolone (Solu-Medrol) 1000 mg in 250 ml 0.9% sodium chloride. Infuse over at least 30 minutes<sup>1</sup>
- ☐ Administer Methylprednisolone (Solu-Medrol) \_\_\_\_\_ mg in \_\_\_\_\_ ml 0.9% sodium chloride over at least \_\_\_\_\_ minutes

<sup>1</sup>Doses 500 mg or greater should be infused over at least 30 minutes; Tolerability may improve for some patients when infused over 60 minutes.

## FREQUENCY

- ☐ Administer once daily for a total of \_\_\_\_\_ doses.
- ☐ Ok to leave IV to saline lock for treatment on consecutive days

## ADDITIONAL ORDERS

## LABORATORY ORDERS

☐ Other: \_\_\_\_\_

## PRE-MEDICATION ORDERS

☐ Other: \_\_\_\_\_

## NURSING

- ☒ Hold infusion and notify provider for signs or symptoms of illness or active infection.
- ☒ DO NOT use 40mg vial for patient with a dairy allergy.
- ☒ Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

## PROVIDER INFORMATION

|                          |                          |        |           |
|--------------------------|--------------------------|--------|-----------|
| Preferred Contact Name:  | Preferred Contact Email: |        |           |
| Ordering Provider:       | Provider NPI:            |        |           |
| Referring Practice Name: | Phone:                   | Fax:   |           |
| Practice Address:        | City:                    | State: | Zip Code: |

## REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)

**Required Documentation:** Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindication and reason for needing medication

Provider Name (print)

Provider Signature

Date

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.

**Disclaimer:** By signing this form, I authorize Novella Infusion and its affiliates to act as my designated agent in submitting prior authorizations, financial assistance applications, and other clinically required information with respect to this patient and order. This enrollment form shall serve as my signature for prior authorizations and financial assistance programs, as requested.