

PATIENT DEMOGRAPHIC INFORMATION

Patient Name: _____ Phone: _____
Date of Birth: _____ Address: _____
Allergies See List NKDA City, State, Zip: _____
Weight: _____ kg lbs Height: _____ in cm Email: _____

PRIMARY DIAGNOSIS

K50.00 Crohn's disease of small intestine without complication

K51.90 Ulcerative colitis, unspecified, without complications

Other: _____

PRESCRIPTION

Induction Dose

Tremfya 200mg IV at weeks 0, 4, and 8

Other: _____

Maintenance Dose (to be filled by AIC Specialty Pharmacy or insurance plan mandated specialty pharmacy)

Tremfya subQ 200mg every 4 weeks x 1 year unless otherwise noted

Tremfya subQ 100mg every 8 weeks x 1 year unless otherwise noted

Other: _____

Provider's office will coordinate maintenance dose from Specialty Pharmacy

Has patient received any doses of this medication in the past? Yes No

REQUIRED DOCUMENTATION

- Insurance Card
- Patient Demographics
- Most recent labs (baseline LFTs and bilirubin)
- H&P
- Tried/Failed Therapies
- Negative TB results

ANCILLARY ORDERS

ADVERSE REACTION & ANAPHYLAXIS ORDERS

Administer acute infusion and anaphylaxis medications per Advanced Infusion Care Centers' protocol (*See aiscaregroup.com for detailed policy*)

- Epinephrine (weight-based dosing) PRN per protocol
- 0.9% Sodium Chloride bolus PRN per protocol
- Diphenhydramine PRN per protocol

Other: Please fax other reaction orders if checking this box

PRE-MEDICATION ORDERS PROTOCOL

Per infusion center protocol: No recommended pre-medications for this infusion.

Provider Prescribed: _____

LINE CARE ORDERS

Start PIV/Access CVC Flush device per Advanced Infusion Care Centers' protocol (*See aiscaregroup.com for detailed policy*)

Other Flush Orders: Please fax other line care orders if checking this box

LAB ORDERS—PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ Phone: _____

NPI: _____ Fax: _____

Office Contact Person: _____ Email: _____

Prescriber Signature: _____ Date: _____

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.