

PATIENT INFORMATION

PATIENT NAME: _____ PHONE #: _____
 ADDRESS: _____ CITY, STATE, ZIP: _____
 DATE OF BIRTH: _____ EMAIL: _____
 ALLERGIES: SEE LIST NKDA WEIGHT: LB OR KG

REQUIRED DOCUMENTATION

1. Insurance Card 2. History & Physical 3. Patient Demographics 4. Most Recent Labs 5. Medication List
 6. Tried/Failed Therapies 7. Negative TB Results

PRIMARY DIAGNOSIS

- K51.00 Ulcerative (chronic) pancolitis without complications K51.90 Ulcerative Colitis, unspecified without complications
 K50.90 Crohn's Disease, Unspecified
 Other _____

LABS ORDERS: PLEASE INCLUDE FREQUENCY

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

PRE-MEDICATIONS

- Per infusion clinic protocol: No recommended standard pre-meds for Tremfya IV.
 Provider Prescribed: _____

PRIMARY MEDICATION ORDER

Induction Doses - for Ulcerative Colitis and Crohn's (to be administered in infusion clinic):

- Tremfya 200mg IV at Weeks 0, 4, and 8.

Maintenance Doses (to be self-administered by patient) - for Ulcerative Colitis and Crohn's

- Infusion clinic will coordinate initial maintenance dose from Specialty Pharmacy:
 Tremfya subQ 200mg every 4 weeks Tremfya subQ 100mg every 8 weeks
 Provider's office will coordinate maintenance dose from Specialty Pharmacy. Other _____

FIRST DOSE?: Yes No Refill x12 months unless otherwise noted. _____

LINE USE/CARE ORDERS

- Start PIV/ACCESS CVC Flush device per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifespecialtysolutions.com for detailed policy)
 Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- Administer acute infusion and anaphylaxis medications per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifespecialtysolutions.com for detailed policy)
 Other: (Please send other reaction orders if checking this box)

PRESCRIBER INFORMATION

PROVIDER NAME: _____ PHONE: _____
 OFFICE CONTACT: _____ FAX: _____
 ADDRESS: _____ EMAIL: _____
 CITY, STATE, ZIP: _____ NPI AND LICENSE: _____

x

PROVIDER SIGNATURE _____ DATE _____