

Patient Information

Patient Name: _____ DOB: _____ Phone: _____ Sex: M F Ht: _____ Wt: _____ lbs kg

Primary Language: _____ Allergies: _____

Patient Preferred Location: _____

Diagnosis and Clinical Information

ICD 10 Code Required

Ulcerative Colitis (K51.00-K51.919) ICD10 _____

Prescription

DIRECTIONS/DURATION

IV LOADING DOSE: 200mg IV at Week 0, 4, and 8

Is patient currently receiving therapy above from another facility? If yes, Facility Name: _____
YES NO Date of last treatment: _____

PRE-MEDICATION ORDERS

No premeds ordered at this time
Acetaminophen 650mg PO
Diphenhydramine 25mg PO
Methylprednisolone 40mg IVP
Other: _____

LAB ORDERS

Labs to be drawn by: Medix Infusion Referring Physician
No labs ordered at this time
CBC q _____ CMP q _____ CRP q _____
ESR q _____ LFTs q _____ Other _____

Required Medical Documentation

TB Screening (within 12 months of start of therapy and annually to continue treatment)
Include signed and completed order (MD|prescriber to complete)
Include patient demographic information and insurance information
Include patient's medication list
Supporting clinical notes to include any past tried and/or failed therapies, intolerance, benefits, or contraindications to conventional therapy
Has the patient had a documented contraindication/intolerance or failed trial of a corticosteroid or immunomodulator?
YES NO If yes, which drug(s)? _____
Does the patient had a documented contraindication/intolerance or failed trial any biologics (i.e. Humira, Stelara, Cimzia, Infliximab)?
YES NO If yes, which drug(s)? _____
Include labs and/or test results to support diagnosis
If applicable - Last known biological therapy: _____ and last date received: _____ If patient is switching
biologic therapies, please perform a wash-out period _____ weeks prior to starting Tremfya®.
Other medical necessity: _____

Prescriber Information

Prescriber Name: _____ Signature: _____
Date: _____ NPI #: _____ Specialty: _____
Supervising Physician: _____ (If Applicable)
Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: _____ Fax: _____ Email: _____