

**Patient Information**

Patient Name: _____ DOB: _____ Height: _____ Weight: _____ Patient Contact #: _____

Medical Assessment

1. **Diagnosis:** K50.90 Crohn's Disease K51.90 Ulcerative Colitis Other: _____
2. **Drug Allergies:** _____
3. **Failed Medications:** NSAIDS _____ MTX _____ Biologics _____
 (When) 6-MP _____ 5-ASA _____ Corticosteroids _____
 Sulfasalazine _____ Azathioprine _____ Other: _____
4. **Negative TB Skin Test (PPD Test):** Yes No When: _____ (Please Attach)

Please include a demographics page, front and back of an insurance card, any clinical notes with supporting diagnosis, lab-work, tests, and any other supporting documentation including past tried and / or failed therapies associated with diagnosis*

Pre-Medication Orders:

- APAP 325mg 500mg 650mg - PO 30 minutes before infusion.
- Diphenhydramine 25mg 50mg - PO 30 minutes before infusion.
 25mg IVP 50mg IVP
- Alternate Oral Antihistamines: Cetirizine 10mg Loratadine 10mg Fexofenadine 60mg or 180mg
- Methylprednisolone 40mg IVP 125mg IVP or other _____ mg IVP
- Famotidine 20mg PO 40mg PO 20mg IVP 40mg IVP
- Ondansetron 4 mg IVP 4 mg PO

Labwork: _____ To be Drawn by: Infusion Clinic Referring Provider
Medication**Infliximab (Remicade & Biosimilars)**

- Preferred - Infusion Clinic Preference (Remicade / Avsola / Renflexis) based on payer directives / availability**
- Specific Product:** _____

Dosage:

- 5mg /kg per 250 ml sodium chloride 0.9% IV to infuse over at least 2 hours, or
- Other Dosage: _____ mg or _____ mg / kg per 250-500ml sodium chloride 0.9% IV

Frequency:

- Induction orders to be completed at week 0, 2, and 6 weeks and then every 8 weeks thereafter
- Orders every 8 weeks (maintenance)
- Other orders: _____
- Maintenance Refills:** _____

Entyvio (vedolizumab)

Dosage:

- Induction dose of 300mg IV at week 0, 2, and 6 weeks and then every 8 weeks thereafter
- Orders every 8 weeks (maintenance)
- Other orders: _____
- Maintenance Refills:** _____

Cimzia (certolizumab pegol) – In AIC / HCP office administration only

Dosage:

- Induction dose 400mg SC at weeks 0, 2, and 4 followed by:
- Maintenance dose: 400mg SC every 4 weeks, 200mg SC every 2 weeks
- Maintenance Refills:** _____

Physician Prescription Orders Address: _____ Phone: _____

Fax: _____ Clinic Contact: _____ Physician Name: _____

 NPI # _____ **Physician Signature:** _____ **Date:** _____