

# Gastroenterology Medication

Fax Referral To:  
877-438-9380



Date: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## PREVIOUS ADMINISTRATION

Please provide the following information: Last Infusion Date: \_\_\_\_\_ Next Infusion Date: \_\_\_\_\_

## DIAGNOSIS

Description Crohn's Disease Ulcerative Colitis ICD-10 Code K50.0 K51.9

## OTHER REQUIRED DOCUMENTATION (Please attach documents as needed)

This signed order form History and Physical Tysabri Touch Authorization TB and Hep B Documentation  
Patient Demographics and Insurance Information Clinical progress notes, lab work (including most recent renal function tests and any other tests supporting primary diagnosis)

## CLINICAL INFORMATION (Please attach all clinical information, lab results and other medical history documents)

Patient weight: \_\_\_\_\_ Lbs Height: \_\_\_\_\_ Inches Allergies: \_\_\_\_\_  
Line Access: PIV PICC (SL DL TL) PORT Sub-Q

MEDICATION	DOSE	DIRECTIONS	LAB & ANCILLARY ORDERS	REFILLS
Entyvio	300mg vial	Initiation - Infuse 300mg IV over 30 minutes at week 0, 2, and 6 Maintenance - Infuse 300mg IV over 30 minutes every 8 weeks	Baseline Liver Enzymes TB Skin Test	_____
Remicade	100mg vial	Initiation - Infuse 5mg/kg IV over 2-3 hours at week 0, 2, and 6 Maintenance - Infuse 5mg/kg IV over 2-3 hours every 8 weeks	TB Skin Test Hepatitis B protocol	_____
Inflectra	100mg vial	Initiation - Infuse 5mg/kg IV over 2-3 hours at week 0, 2, and 6 Maintenance - Infuse 5mg/kg IV over 2-3 hours every 8 weeks	TB Skin Test Hepatitis B protocol	_____
Renflexis	100mg vial	Initiation - Infuse 5mg/kg IV over 2-3 hours at week 0, 2, and 6 Maintenance - Infuse 5mg/kg IV over 2-3 hours every 8 weeks	TB Skin Test Hepatitis B protocol	_____
Humira	40mg Pen 80mg Pen	Initiation - 1st dose inject 160mg SQ, then 2 weeks later inject 80mg SQ Maintenance - Inject 40mg SQ every other week	TB Skin Test Baseline CBC and q _____ thereafter	_____
Cimzia	200mg/ml PFS	Initiation - Inject 2ml (400mg - 2 syringes) SQ at weeks 0, 2, and 4 Maintenance - Inject 2ml (400mg - 2 syringes) SQ every 4 weeks	TB Skin Test	_____
Stelara	130mg vial 90mg PFS	Initiation - <55kg 260mg; 55-85kg 390mg; >85kg 520mg IV infusion over 60 minutes x 1 dose Maintenance - Inject 90mg SQ every 8 weeks	TB Skin Test	_____
Simponi	100mg SmartJect 100mg PFS	Initiation - Inject 200mg SQ (2 injections) at week 0, then 100mg at week 2, and then every 4 weeks Maintenance - Inject 100mg SQ every 4 weeks	TB Skin Test CBS with Diff	_____
Tysabri	300mg vial	Infuse 300mg IV over 60 minutes every 4 weeks		_____

### Premedication(s)

Diphenhydramine 25-50 mg po - 25mg #2 per dose  
Acetaminophen 325-650 mg po - 325mg #2 per dose  
Methylprednisolone \_\_\_\_\_ mg IV over \_\_\_\_\_ mins  
Other: \_\_\_\_\_

### Ancillary orders will include:

NaCl 0.9% 5-10ml IV before and after infusion  
Heparin 10 units/ml 3-5ml IV after infusion for peripheral access and PRN  
Heparin 100 units/ml 3-5ml IV after infusion for central IV access and PRN  
All infusion supplies necessary to administer the medication  
Anaphylaxis Kit

**By signing below, I certify that above therapy is medically necessary. Prescriber's Signature (SIGN BELOW)**

By signing this form and utilizing our services, I am also authorizing Continuum Health to serve as my prior authorization agent with medical and pharmacy insurance providers.

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician name: (Please print) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ License #: \_\_\_\_\_ NPI #: \_\_\_\_\_