

INFUSION & MEDICAL CENTER

1. Patient Name

DOB

Patient Phone/Cell #

Patient demographic and insurance information to be faxed with Infusion Order Form

2. Medical Information (Please select primary diagnosis and complete ICD10 Code):

Primary Diagnosis: _____ Rheumatoid Arthritis ICD-10 Code: _____
 _____ Crohn's Disease ICD-10 Code: K50. _____
 _____ Ulcerative Colitis ICD-10 Code: K51. _____
 _____ Ankylosing Spondylitis ICD-10 Code: M45. _____
 _____ Other: _____ ICD-10 Code: _____

Allergies: _____ (or attach list)

3. Clinical Information – Please fax with Infusion Order Form:

- Clinical notes, labs, test supporting primary diagnosis
- TB Screening Results
- Hepatitis Screening Results

Patient

Weight: _____ lbs.

Height: _____ in.

4.

Infliximab

Drug Order (select one):

- ☐ **Avsola** (Q5121) Dose: _____ or _____ mg/kg every _____ weeks or ☐ 0, 2, 6 then every 8 weeks
- ☐ **Inflixtra** (Q5103) Dose: _____ or _____ mg/kg every _____ weeks or ☐ 0, 2, 6 then every 8 weeks
- ☐ **Remicade** (J1745) Dose: _____ or _____ mg/kg every _____ weeks or ☐ 0, 2, 6 then every 8 weeks
- ☐ **Renflexis** (Q5104) Dose: _____ or _____ mg/kg every _____ weeks or ☐ 0, 2, 6 then every 8 weeks

Administer IV over 2 hours or as tolerated for a total of 12 months

Intramed Plus may contact you to discuss other formulations based on patient's insurance coverage

Pre-Medication Orders: Acetaminophen 650 mg PO

Administered 30 min prior to infusion

*Adjust to patient's needs

☐ Other: _____

Adverse Drug Reaction Protocol: Manage any adverse reaction that may occur per approved ADR Protocol.

By signing this form and utilizing these services, I am authorizing Intramed Plus to serve as my prior authorization agent with medical and pharmacy insurance providers.

5. Physician Signature: _____ / _____ Date: _____

Dispense as written

Substitution permitted

Printed Physician's Name: _____ Contact Phone #: _____

**FAX ALL INFORMATION
CENTRAL FAX 803.999.1754**

INFUSION CENTER LOCATIONS
BERKELEY CHARLESTON COLUMBIA GREENVILLE
CENTRAL INTAKE PHONE 803.999.1760