

## **INFUSION & MEDICAL CENTER**

.Patient Name	DOB	Patient Phone/Cell #
Patient demographic and insurance inform	ation to be faxed wit	h Infusion Order Form
.Medical Information (Please select primary d	iagnosis and comp	olete ICD-10 Code):
Primary Diagnosis: Ulcerative Colitis (UC)		ICD-10 Code: K51:
Other		ICD-10 Code:
Allergies:		(or attach list
.Clinical Information — Please fax with Infusio	on Order Form:	Patient
• Clinical documentation supporting primary diagnosis		Weight:lbs.
• Recent Lab/Test Results including:		<b>Height</b> in.
o Tuberculosis (TB) screening results		
Medication List  Provious Drug Thorany History, including thoranics trails	ad and/or failed and da	ata of last infusion.
<ul> <li>Medication List</li> <li>Previous Drug Therapy History, including therapies trailed</li> </ul>	ed and/or failed and da	ate of last infusion:
Previous Drug Therapy History, including therapies traile		
Previous Drug Therapy History, including therapies traile     Washout period ofweeks desired prior t  TREMFYA® (		ordered therapy
Previous Drug Therapy History, including therapies traile  Washout period ofweeks desired prior t  TREMFYA® (  Drug Order:	o the initiation of this o	ordered therapy
Previous Drug Therapy History, including therapies traile  Washout period ofweeks desired prior t  TREMFYA® ( Drug Order: Induction:	o the initiation of this o	ordered therapy  J Code: J1628
Previous Drug Therapy History, including therapies traile  Washout period ofweeks desired prior t  TREMFYA® (  Drug Order:	o the initiation of this of guselkumab)	J Code: J1628
Previous Drug Therapy History, including therapies traile  Washout period ofweeks desired prior to  TREMFYA® ( Drug Order: Induction:  Administer 200 mg intravenously over at least one heads.	guselkumab) nour at weeks 0, 4, and	J Code: J1628 8. thorized: 3 (three)
Previous Drug Therapy History, including therapies traile  Washout period ofweeks desired prior to  TREMFYA® ( Drug Order: Induction:  Administer 200 mg intravenously over at least one be gree-Medication Orders:	o the initiation of this of guselkumab)  nour at weeks 0, 4, and Doses Aut	J Code: J1628 8. 8thorized: 3 (three)
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Previous Drug Therapy History, including therapies trailed  Washout period ofweeks desired prior to the second ofweeks desired prior	guselkumab)  nour at weeks 0, 4, and  Doses Aut  ded based on manufactive reaction that may occur	J Code: J1628 8. thorized: 3 (three) turer guidelines. ccur per approved ADR Protocol.
Previous Drug Therapy History, including therapies trailed  Washout period ofweeks desired prior to  TREMFYA® ( Drug Order: Induction:  Administer 200 mg intravenously over at least one be green to a proper to the property of the prior to	guselkumab)  nour at weeks 0, 4, and Doses Aut  ded based on manufacte reaction that may or generated to serve as	J Code: J1628 8. thorized: 3 (three) turer guidelines. ccur per approved ADR Protocol.
• Previous Drug Therapy History, including therapies trailed.  • Washout period ofweeks desired prior to	guselkumab)  nour at weeks 0, 4, and Doses Aut  ded based on manufacte reaction that may or g Intramed Plus to serve as y insurance providers.	J Code: J1628 8. thorized: 3 (three) turer guidelines. ccur per approved ADR Protocol. my prior authorization agent with
Previous Drug Therapy History, including therapies trailed  Washout period ofweeks desired prior to  TREMFYA® (  Drug Order: Induction:  Administer 200 mg intravenously over at least one be green desired prior to  No Pre-medications are recommended and Adverse Drug Reaction Protocol: Manage any adverse By signing this form and utilizing our services, I am authorizing trailed to  Previous Drug Therapy History, including therapies trailed to  Weeks desired prior to	guselkumab)  nour at weeks 0, 4, and Doses Aut  ded based on manufacte reaction that may or g Intramed Plus to serve as y insurance providers.	J Code: J1628 8. thorized: 3 (three) turer guidelines. ccur per approved ADR Protocol. my prior authorization agent with  Date:

FAX ALL INFORMATION
CENTRAL FAX 803.999.1754

INFUSION CENTER LOCATIONS
BERKELEY CHARLESTON COLUMBIA GREENVILLE
CENTRAL INTAKE PHONE 803.999.1760