



# INFLECTRA (INFLIXIMAB-DYYB) INFUSION ORDERS

## PATIENT INFORMATION

Demographics attached

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S), FRONT AND BACK**

## MEDICAL INFORMATION

Q Code: Q5102

Diagnosis:  Crohn's Disease (ICD-10 Code: \_\_\_\_\_)  Ulcerative Colitis (ICD-10 Code: \_\_\_\_\_)  
 Rheumatoid Arthritis (ICD-10 Code: \_\_\_\_\_)  Ankylosing Spondylitis (ICD-10 Code: \_\_\_\_\_)  
 Psoriasis (ICD-10 Code: \_\_\_\_\_)  Other: \_\_\_\_\_

Patient Weight: \_\_\_\_\_ lbs

Allergies: \_\_\_\_\_

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

**Labs:** Required labs to be drawn by:  Infusion Clinic  Referring Physician

**Lab Orders:** \_\_\_\_\_

## INFLECTRA ORDERS

**Inflectra** Dose: \_\_\_\_\_ mg/kg **Frequency:** Every: \_\_\_\_\_ weeks or  0, 2, 6 then Every 8 weeks

**Protocol Pre-Medication Orders:** Tylenol 1000mg PO, *please choose one antihistamine*

Cetirizine 10mg  Diphenhydramine 25mg PO  Loratadine 10mg PO

**Additional Pre-Medication Orders:**  Solu-Medrol \_\_\_\_\_ mg IV  Solu-Cortef \_\_\_\_\_ mg IV

TB Test Attached  Perform TB testing

**TB Protocol:** Baseline testing: Quantiferon Gold (QFT Gold) or PPD. Yearly TB Screening (*Optional*)

**Hepatitis B Protocol:** Hep B surface antigen and Hep B Core AB total required.

CBC and Liver function should be followed at regular intervals

**\*\* Date of last:**  Remicade  Orencia  Humira or  Enbrel dose: \_\_\_\_\_

**Additional Orders/Comments:**

## PHYSICIAN INFORMATION

*By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

## INFUSION CENTER LOCATION

Arlington  Austin  Dallas  Houston  Knoxville  North Hills  Plano  Round Rock  San Antonio  Stone Oak  
P: 817.200.2530 P: 512.261.4800 P: 972.408.2777 P: 713.860.1755 P: 865-299-7525 P: 817.284.2700 P: 469-974-0565 P: 737-443-5230 P: 210.366.4358 P: 210.485.3700  
F: 817.509.0011 F: 512.261.4803 F: 469.913.6894 F: 713.277.7219 F: 865-338-5604 F: 817.284.2701 F: 469-608-2072 F: 737-402-7698 F: 210.366.4896 F: 210.390.1738

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