

Ship To:  In Office  Infusion Suite  At Home  Other \_\_\_\_\_

**PATIENT INFORMATION**

Patient Name:	SSN:	DOB:		
Address:	City:	State:	Zip:	
Home Phone:	Height:	Weight:	Gender:	Male Female
Cell Phone:	Email Address:			

**INSURANCE INFORMATION (or attach copy of cards)**

Primary Insurance Co:	Policy Holder:	Relationship:	Policy #:	Group #:
Secondary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:

**CLINICAL INFORMATION ( fax all pertinent clinical and lab information)**

**Diagnosis (ICD-10):** \_\_\_\_\_ **Date of Diagnosis:** \_\_\_\_\_

Crohn's Disease K50.90  Plaque Psoriasis L40.9  Ulcerative Colitis K51.90  Psoriatic Arthritis L40.52  Ankylosing spondylitis M45.9  Rheumatoid Arthritis M06.9

**CHF History:**  No  Yes: NY Class \_\_\_\_ (I-IV) **TB History:** Date of last PPD: \_\_\_\_\_ Result:  Negative  Positive

**Comorbidities:** \_\_\_\_\_

**ALLERGIES:**  NKDA  Other \_\_\_\_\_

**PRESCRIPTION INFORMATION (or attach a copy of the prescription)**

**AVSOLA®**  **ENTYVIO**  **INFLECTRA®**  **Infliximab**  **REMICADE®**  **RENFLEXIS®**

**Initial Dose:** \_\_\_\_\_ mg/kg at week 0, 2, and 6  **Maintenance Dose:** \_\_\_\_\_ mg/ kg every 8 weeks

**Other:** \_\_\_\_\_ mg/ kg every \_\_\_\_\_ weeks **Refills:** \_\_\_\_\_

**Directions:**

- Start infusion at 10mL per hour and increase if tolerated after 15 minute
- Continue to titrate the infusion as tolerated using the following infusion rates: 20 ml/ hr x 15 minutes, 40 ml/hr x 15 minutes, 80 ml/ hr x 15 minutes, 150 ml/ hr x 30 minutes
- Maximum infusion rate of no more than 250mL/hr
- Infusion time should not be less than 2 hours
- DO NOT infuse any other medications along with the Infliximab

**Vascular Access Device:**

Peripheral Catheter  PICC  Port

Other (describe/# of lumens): \_\_\_\_\_

**Laboratory Work and Frequency:**

\_\_\_\_\_

\_\_\_\_\_

**Flush Orders:** (If IV ordered the following flush protocols will be followed)

- Sodium Chloride 0.9%**  
 Peripheral Line: 3 ml before each dose and 3 ml after each dose and prn  
 Central Line: 5 - 10 ml before each dose and 5 -10 ml after each dose and prn
- Heparin 10 u/ml**  
 Peripheral Line: 3 ml after last sodium flush and prn
- Heparin 100 u/ml**  
 Central Line: 5 ml after last sodium flush and prn

**Pre-Medication**

- Diphenhydramine** 25 mg 30 min before infusion  
 PO  IVP
- Acetaminophen** 650 mg tablet 30 min before infusion PO
- Loratadine** \_\_\_\_\_ mg 30 min before infusion PO
- Other** \_\_\_\_\_ Strength: \_\_\_\_\_
- Directions: \_\_\_\_\_

Provide needles, syringes, VAD supplies & other ancillary supplies needed for infusion

- Other** \_\_\_\_\_ Strength: \_\_\_\_\_
- Directions: \_\_\_\_\_

As required by your state, Prescriber to check "Dispense as written" or handwritten "Brand Medically Necessary" and sign to prevent generic substitution.  Dispense as written

**NURSING**

**Nursing Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Skilled Nursing Visits for Infliximab Intravenous administration and education. To provide education related to the disease process and therapy. To provide an assessment of patient's general overall health status. To provide skilled nursing visits PRN for additional education and support.

**PHYSICIAN INFORMATION**

Prescriber Name:	Phone:	Fax:
Office Contact:	Email:	
Address:		
NPI #:	Tax ID #	
Prescriber Signature:	Date	

Your signature authorizes BioPlus Specialty Pharmacy Services, LLC, and their network of pharmacies, MedScripts Medical Pharmacy, River Medical Pharmacy, Route 300 Pharmacy, and Santa Barbara Specialty Pharmacy (the "BioPlus Pharmacies"), to act on your behalf to obtain prior authorization, including appeals and peer to peer reviews, for the prescribed medications. We will also pursue available copy and financial assistance on behalf of your patients. **BioPlus Specialty Pharmacy** 376 Northlake Blvd., Altamonte Springs, FL 32701 **BioPlus Specialty Pharmacy** 100 Southcenter Ct., Suite 100, Morrisville, NC 27560 **BioPlus Specialty Pharmacy** 13925 Yale Ave, Suite 145, Irvine, CA 92620 **MedScripts Medical Pharmacy** 1325 Miller Rd., Suite K, Greenville, SC 29607 **River Medical Pharmacy** 4752 Research Drive, San Antonio, TX 78240 **Route 300 Pharmacy** 1208 Route 300, Suite 103, Newburgh, NY 12550 **Santa Barbara Specialty Pharmacy** 4690 Carpinteria Ave, Ste B, Carpinteria, CA 93013

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