

Patient Information

Demographics Attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: Please attach a copy of prescription/medical card(s) (front and back).

Medical Information

Patient Weight: _____ lbs. Allergies: _____

J Code: J0717

Diagnosis:

Crohn's disease (ICD-10 Code: _____)

Plaque psoriasis (ICD-10 Code: _____)

Psoriatic arthritis (ICD-10 Code: _____)

Non-radiographic axial spondyloarthritis

Rheumatoid arthritis (ICD-10 Code: _____)

(ICD-10 Code: _____)

Ankylosing spondylitis (ICD-10 Code: _____)

Other: _____

Required labs: TB (QFT or PPD), Hep B surface antigen and Hep B core AB total

Clinical/progress notes, labs and tests supporting primary diagnosis attached

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

Lab Orders: _____

Cimzia Orders

Crohn's Disease

Initial Dose: 400 mg subcutaneously at weeks 0, 2 and 4

Maintenance Dose: 400 mg subcutaneously every 4 weeks

RA/Psoriatic Arthritis/Ankylosing Spondylitis/Spondyloarthritis

Initial Dose: 400 mg subcutaneously at weeks 0, 2 and 4 weeks

Maintenance Dose: 200 mg subcutaneously every 2 weeks
400 mg subcutaneously every 4 weeks

Psoriasis

400 mg subcutaneously every 2 weeks

200 mg every 2 weeks

400 mg subcutaneously at weeks 0, 2 and 4, followed by 200 mg every 2 weeks

Additional Orders/Comments:

Physician Information

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

Provider Name: _____ **Signature:** _____ **Date:** _____

Provider NPI: _____ **Phone:** _____ **Fax:** _____ **Contact Person:** _____

Service Areas

Des Moines, IA West Des Moines, IA Chicago, IL Omaha, NE Buffalo, NY Dallas, TX
Phoenix, AZ Other _____

HY-VEEHEALTHINFUSION.COM

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately and destroy all copies if you have received this document in error.