

North Texas Specialty Pharmacy and Infusion Centers

3409 Worth St. Sammons Ste.710 Dallas, TX 75246 (214) 823-2533 FAX (214) 887-0436 www.NTISP.org

Remicade® (infliximab) Enrollment Form

Patient Information

Last Name		First Name	MI
Street Address	City	State	Zip Code
Phone (daytime)	Phone (cell)	Date of Birth	Sex

Primary Insurance Information Secondary Insurance Information Pharmacy Insurance Card

Insurance Name		Insurance Name	Insurance Card
Cardholder Name	SSN	Cardholder Name	SSN
Group / Policy Number	Group / Policy Number	BIN Number	Group Number

Physician Information

Physician Name		Contact Person	
Street Address	City	State	Zip Code
Physician's DEA Number	Phone Number	Fax Number	

Statement of Medical Necessity

555.0 Regional enteritis / Crohn's (date diagnosed) _____ 696.0 Psoriatic Arthritis (date diagnosed) _____

714.0 Rheumatoid Arthritis (date diagnosed) _____ 720.0 Ankylosing Spondylitis (date diagnosed) _____

Other: ICD-9 Code: _____ Description: _____ (date diagnosed) _____

Pertinent Medical History

Patient Wt: _____ Patient Ht: _____ Patient previously treated with Remicade: No Yes - dates: _____

Tuberculin (PPD) skin test done within past 12 months? No Yes if yes, what were the results: Negative Positive

Liver function tests were normal: No Yes Patient diagnosed with congestive heart failure: No Yes

Prescription Orders

Remicade® (infliximab) (quantity: 100 mg per vial) infusion supplies and diluents NS and heparin 100u/ml flush

Sig: _____ mg/kg Infuse in Normal Saline 0.9% - 250 milliliters every _____ weeks as directed.

Remicade Refills: _____

Premeds Benadryl: PO or IV 25 mg 50 mg Acetaminophen 650 mg PO SoluMedrol 40 mg IVP

Premeds Refill: 12 months Refill _____ times Dispense as written Substitution allowed

Allergies: _____

Standing orders: _____

Referring Physician's signature

NTIDC Physician's signature

Date

Fax completed from to (214) 887-0436.

Insurance / Clearance questions call or e-mail mike.ellis@ntisp.org. Pharmacy / Clinical questions call (214) 276-5623. Include following: patient's insurance cards (front and back), Pharmacy Benefit Card, lab work, letter of medical necessity and any other documentation supporting the use of Remicade.

Patient's Preferred Infusion Center Location: Downtown Dallas NorthPark

Updated 06/30/2010