

**Fax:**

To: Infusion

Fax: 845-333-9400

Phone: 845-333-1150

From: Dr. Ellis Fax: 294-2312 Phone: 291-1260Date: 7/29/20 Total Pages (including cover): 6Subject: Order**Notes:**Patient's Full Name: Todd DumoulinPatient's Date of Birth: 3/15/46Appointment Date Request: Next available

MRN # (If Applicable): _____

Diagnosis Written On Order: Crohn's

Authorization Status : _____

Thank you



Antineoplastic Order Sheet

Patient Label

Orders must be written explicitly (Day 1, 2, 3 never Day1-3). If the antineoplastic regimen (drugs) are the same, multiple days may be written on a single order sheet. If the regimen or drug therapies vary on a particular day or cycle, this ORDER MUST be written separately and indicated as such.

TO BE COMPLETED BY PHYSICIAN:		PATIENT NAME: <u>Todd Dumoulin</u>		DOB: <u>3/5/46</u>	
Date Written: <u>7/29/20</u>		Date of Administration:			
Diagnosis: <u>Crohn's</u>		TNM Stage:		Body Surface Area (m ²)	
Protocol/Regimen: <u>Stelara 520mg cycle of IV once</u>		Day of		Allergies:	
Venous Access: <input type="checkbox"/> Peripheral <input type="checkbox"/> Central				<input type="checkbox"/> No Known Drug Allergies	
Height <u>69</u> in	Weight <u>98</u> kg <input type="checkbox"/> Actual <input type="checkbox"/> Ideal <input type="checkbox"/> Adjusted	Emetic Level <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> High			
Lab Orders: <input type="checkbox"/> CBC/DIFF <input type="checkbox"/> BMP <input type="checkbox"/> Magnesium <input type="checkbox"/> UA					

Hold Parameters:

ANC less than: WBC less than: PLT less than: Hgb/Hct less than: SCr greater than:

Non chemotherapy orders:

IV Fluids: ☐ 0.9% Sodium chloride at 20mL/hour ☐ Dextrose 5% at 20mL/hour

Solution, volume and infusion rate are per manufacturer/hospital guidelines unless otherwise specified. Chemotherapeutic agents will be rounded down to the nearest vial size if within 5% of calculated dose. Biologic agents will be rounded to the nearest vials size if within 10% of calculated dose. Please administer chemotherapy in sequence listed below.

Chemotherapy	Dose per Unit (m ² , kg, AUC)	Dose Reduction (mg/m ² , mg/kg, AUC)*	Calculated Dose	Dose Dispensed (Rounding completed by RPh)	Route	Infusion Rate	RPh Initials	RN Initials
<u>Stelara</u>	<u>520mg</u>		<u>520mg</u>		<u>IV</u>			

*If using a dose reduction, providers please provide rationale

MD Name (print) Dr. Ellis MD Signature: [Signature] Date: 7/29/20 Time: 11:15
 RN Name (print) Ciera A. RN Signature: [Signature] Date: 7/29/20 Time: 11:15
 RPh Name (print) _____ RPh Signature: _____ Date: _____ Time: _____

Jul 22 2020 20:27:31 AT&T/CVS RX Conta ->

8452942312

Page 001

**BlueCross.
BlueShield.**

Federal Employee Program.

FEP Clinical Call Center Fax Transmittal

Phone: (877) 727-3784

Fax: (877)-378-4727

Date: 07/22/2020

To: Dr. ELLIS Fax #: 8452942312

From: FEP Clinical Call Center

Re: **TODD DUMOULIN,**
03/15/1946,
*******9301**

Message:

The Prior Authorization request has been approved for **Stelara**.The authorization is valid from **06/21/2020** through **07/21/2021**. A letter of explanation will also be mailed to the patient.**This PA determination only applies to medications dispensed by a pharmacy and billed to the member's pharmacy benefit.**

Now you can get responses to drug PAs immediately and securely online - without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/ePA

The member can check the status of their Prior Approval online at any time by going to www.caremark.com/wps/portal/.

****Please do not respond to this fax. It is for informational purposes only****

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PCP: Joena R Chan

Referring: Francis Imbarrato, MD External Visit ID: 4638654
Appointment Facility: HMG Monroe GI**DUMOULIN, TODD T**

74 Y old Male, DOB: 03/15/1946

Account Number: 9886

15 RACCOON LANE, HIGHLAND MILLS, NY-10930

Home: 914-213-3705

Guarantor: DUMOULIN, TODD Insurance: BCBS

FEDERAL Payer ID: PAPER

04/03/2020

David J Ellis, MD

Current Medications**Taking**

- Lumigan 0.01 % Solution 1 drop into affected eye in the evening Ophthalmic Once a day
- Tums 500 MG Tablet Chewable 1 tablet Orally Once a day
- Tylenol 325 MG Tablet 2 tablet as needed Orally every 4 hrs
- Omeprazole 20 mg Capsule Delayed Release 1 capsule Orally Once a day
- Viagra 100 MG Tablet 1 tablet as needed Orally Once a day
- Gabapentin
- Singulair 10 mg Tablet 1 tablet in the evening Orally Once a day
- Colesevelam HCl 625 MG Tablet 1 tablet Orally Twice a day
- Lialda 1.2 GM Tablet Delayed Release 4 tablets Orally Once a day

Not-Taking

- Tramadol Oral Tab 50 mg
- Budesonide 3 MG Capsule Delayed Release Particles 3 capsules Orally Once a day, Notes: down to 1 tab daily
- Apriso 0.375 GM Capsule Extended Release 24 Hour 4 capsules in the morning Orally Once a day
- Xyzal 5 MG Tablet 1 tablet in the evening Orally Once a day
- Tramadol HCl 50 MG Tablet as directed Orally once a day
- Welchol 625 MG Tablet 1 tablet with meals Orally Twice a day
- Pentasa 500 MG Capsule Extended Release 3 capsules Orally two times a day
- Aspirin 81 MG Tablet Delayed Release 1 tablet Orally Once a day
- Celebrex 200 MG Capsule 1 capsule with food Orally Once a day
- Lyrica 75 MG Capsule 1 capsule Orally Once a day
- Oxycodone HCl 5 MG Tablet 1 tablet as needed Orally every 6 hrs
- Medication List reviewed and reconciled with the patient

Past Medical History**Reason for Appointment**

1. GI Televisit
2. Colonoscopy 2/10/2020

History of Present Illness

Patient returns the office in follow-up. He does have a history of Barrett's esophagus and underwent an EGD recently. This revealed a 5 cm hiatal hernia as well as a short segment of Barrett's esophagus. He also seems to have Crohn's disease. He had an elevated fecal calprotectin in 2017. Subsequently a colonoscopy revealed ulcers in the ileum. Inflammatory bowel disease markers were negative. He had a recent MR enterography that showed inflammation in the ileum.

Patient had been started on Lialda which she found somewhat helpful initially but now finds that he is moving his bowels 3 or 4 times daily. He may get a cramping and have some degree of urgency. There has been no blood in the stool. His weight has been stable. Heartburn symptoms seem to be under control but if he eats the wrong thing such as tomatoes late at night he will have an issue.

October 25, 2019. Patient returns to the office in follow-up. He is taking 3 mg of budesonide and continues on apriso. He still may have 4-5 loose bowel movements per day. There is some urgency as well. There is no abdominal pain and there is no nausea nor vomiting. Reflux symptoms are under control on omeprazole.

November 26, 2019. The patient returns the office in follow-up of reflux and ileitis. On the last visit he is tapering down off the budesonide and WelChol was added to the regimen to see if this would help the diarrhea. MR enterography this year had shown some inflammation in the distal small bowel. Recent sedimentation rate and C-reactive protein was normal.

On the combination of mesalamine, budesonide and WelChol he now feels well and has firm stool. He has no abdominal pain and feels otherwise well.

April 3, 2020. This is a telemedicine visit. He continues to feel well and attributes a lot of his improvement to WelChol. He states that if he misses a dose of the stool tends to have diarrhea. He denies any abdominal pain or weight loss. There has been no nausea nor vomiting and he has been eating well.

Assessments

BPH (600.00) ;
Esophageal Reflux (530.81) ;
Arthritis, Specify site (715.00) (since- 03-08-2010) ;
Barrett's Esophagus (530.85) ; LAST SCOPE : REL UTD DR ELLIS.
Ehrlichia.
Seasonal allergies.
Hyperlipidemia (272.2) ;
Crohn's Disease .

Surgical History

Achilles tendon rupture
Knee Arthroscopy bilateral
Shoulder Surgery
THROAT SURGERY x2
TURP - laser 2007
LEFT KNEE PARTIAL REPLACEMENT OCT 17, 2017
RIGHT TOTAL KNEE REPLACEMENT 03-2019
double hernia repair 2019

Family History

Father: deceased, Father glaucoma ;
Mother: deceased, Mother parkinson
1 brother(s) , 1 sister(s) - healthy, 1daughter (s) - healthy.
SIBLINGS GLAUCOMA.

Social History

Tobacco Use:
Tobacco Use/Smoking
Are you a *nonsmoker*

Allergies

Doxycycline: sore on penis

Hospitalization/Major**Diagnostic Procedure**

KNEE REPLACEMENT 03/19

Review of SystemsGeneral/Constitutional:

Chills denies. Fatigue denies.
Fever denies. Weight gain denies.
Weight loss denies.

Respiratory:

Chest pain denies. Cough denies.
Shortness of breath denies.
Wheezing denies.

Cardiovascular:

Chest pain denies. Chest pain denies.
Difficulty laying flat denies. Dyspnea on exertion denies. Shortness of breath denies. Weight gain denies.

Gastrointestinal:

Abdominal pain denies. Blood in stool denies. Change in bowel habits denies. Constipation denies.
Decreased appetite denies.

1. Crohn's disease of small intestine without complication - K50.00 (Primary)

Treatment**1. Crohn's disease of small intestine without complication**

Notes: Symptoms for the most part have been under control and I do believe that this is largely a result of WelChol. I did explain to him that this is doing nothing to treat his inflammation. We both agree that he needs to start medications that will lead to mucosal healing. However this is in the middle of the viral pandemic and we both agreed that if symptoms have been largely under control that initiation of other therapies which could include either entyvio or stelara could wait until the pandemic subsides. I did explain that he would have to go somewhere to get infused and that risk may not be prudent at the moment. This is less than ideal but it's an issue of trying to assess the risks and benefits. I did explain the findings on the colonoscopy and its ramifications. We both agree that once the pandemic subsides that we will initiate therapy with either of the medications mentioned above and I did explain the efficacy and side effects of each.

Follow Up

prn

David Ellis

Electronically signed by David Ellis , MD on 04/07/2020 at 10:03 PM EDT

Sign off status: Completed

HMG Monroe GI
745 Route 17m Ste. 202
MONROE, NY 10950-2625
Tel: 845-291-1260
Fax: 845-294-2312

Patient: DUMOULIN, TODD T DOB: 03/15/1946 Progress Note: David J Ellis, MD 04/03/2020

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Diarrhea denies. Difficulty swallowing denies. Exposure to hepatitis denies. Heartburn denies. Hematemesis denies. Nausea denies. Rectal bleeding denies. Vomiting denies. Weight loss denies.

Genitourinary:

Abdominal pain/swelling denies. Blood in urine denies. Difficulty urinating denies. Frequent urination denies. Painful urination denies.

Musculoskeletal:

Joint stiffness denies. Leg cramps denies. Muscle aches denies. Painful joints denies. Swollen joints denies. Weakness denies.

Peripheral Vascular:

Cold extremities denies. Decreased sensation in extremities denies. Pain/cramping in legs after exertion denies. Painful extremities denies.

Skin:

Hives denies. Itching denies. Rash denies.

Psychiatric:

Anxiety denies. Delusions denies. Depressed mood denies. Difficulty sleeping denies. Eating disorder denies. Loss of appetite denies. Suicidal thoughts denies.

Patient: DUMOULIN, TODD T DOB: 03/15/1946 Progress Note: David J Ellis, MD 04/03/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)