

Fax Referral To: (800) 223-4063

Email: intake@1health.com

Direct Phone: (615) 378-3450

Toll Free: (844) 993-0112

One

HEALTH PARTNERS ~

SKYRIZI ORDER FORM

Date: 05/30/2023ICD-10 Code: [REDACTED]

Therapy Status

Patient Name: Akshay H. chaudhari Allergies: ibuprofen, acetaminophen New StartDate of Birth: 02/13/1987Weight: 190 lbs OR kg Continuing Therapy:
Last Dose: _____

PROVIDER INFORMATION

Ordering Provider: Timothy Adam, MD Provider Fax: 203-818-3061Provider NPI: 1331124163Provider Address: 2755 College Ave Ste. 100
Leesburg VA 20176Provider Phone: 203-818-3060

MEDICATION ORDER

- Crohn's Disease Induction Phase:
Administer Skyrizi 600mg IV at week 0, week 4 and week 8 per protocol.
- Crohn's Disease Maintenance Phase:
Administer Skyrizi:
- 180mg SQ at week 12 and every 8 weeks thereafter.
 - 360mg SQ at week 12 and every 8 weeks thereafter.

Refills x one year from date of signature unless indicated below.

 1 YR Refills

Please include the following lab results required for infusion. If no results are available, the following labs will be drawn prior to first infusion:

- ✓ Negative TB Quantiferon Gold, or TB Skin Test within the last 12 months.
- ✓ ALT/AST at baseline (within the past 60 days).
- ✓ Bilirubin at baseline (within 60 days).

PRE-MEDICATIONS

Oral

- Acetaminophen: 325mg 500mg 650mg
- Loratadine: 10mg
- Cetirizine: 10mg
- Diphenhydramine: 25mg 50mg
- Famotidine: 20mg 40mg
- Ibuprofen: 200mg 400mg 600mg
- Ondansetron: 4mg 8mg
- Other: _____

IV

- Dexamethasone: 4mg 8mg
- Diphenhydramine: 25mg 50mg
- Famotidine: 20mg 40mg
- Methylprednisolone: 125mg
- Hydrocortisone: 100mg
- Ondansetron: 4mg 8mg
- Other: _____

LAB ORDERS (please indicate any labs to be drawn and frequency)

(Please fax this signed order form, along with the following documents to 800-223-4063)

- History & Physical, Last Office Visit Note
- Patient Demographics and Insurance Information
- Medication List
- Recent Lab Work

'Surveillance lab ordering and monitoring is the responsibility of the prescriber**'

By signing below, I certify that the above therapy is medically necessary. **Prescriber's Signature (SIGN BELOW)**

Dispense as Written:

Substitution Allowed:

Prescriber Name

Date

Prescriber Name

Date

Akshay, chaudhari H DOB: 02/17/1987 (36 yo M) Acc No. D775152 DOS:
05/29/2023

Akshay, chaudhari H

36 Y old Male, DOB: 02/17/1987

Account Number: D775152

1460 El Camino Real, Arlington, VA-222407

Home: 570-599-6973

Guarantor: Akshay, Chaudhari H Insurance: Aetna

Better Health of Virginia Payer ID: 15VA

PCP: DOCTOR UNKNOWN

Appointment Facility: Extraodinary Gastroenterology

Progress Notes: Timothy Adam, MD

Reason for Appointment

1. Discussion - in person

History of Present Illness

History of Present Illness:

4/12/2023: Symptoms worsened with increasing abdominal pain and multiple mouth sores. He visited clinics in Arlington and subsequently Fairfax. A CT scan revealed right-sided colitis, consistent with previous findings. Markedly elevated ESR was noted at Inova. Recently discharged on a regimen of budesonide and antibiotics.

3/8/2023: He was started on Stelara, resulting in significant improvement in abdominal pain and reduced stool frequency. However, he continues to experience bothersome anal skin tags and recurrent outbreaks of genital herpes, confirmed by lab tests. Mouth ulcers have become less severe but remain present. Diarrhea has decreased. Valacyclovir has provided partial relief for the herpes outbreak but has not fully resolved it. Additionally, he reported swelling and discomfort in the right index finger.

12/4/2022: This 37-year-old male presented seeking a second opinion regarding rectal bleeding and anal issues. His symptoms began three years ago following a diagnosis of perforated appendicitis. Since then, he has experienced frequent bloody stools, severe perianal pain, and external protrusions. He also reports recurrent painful mouth ulcers. Previous evaluations indicated anal disease consistent with Crohn's and mild inflammatory changes in the sigmoid and descending colon. No deep ulcers or skip lesions were noted. Pathology showed mild focally active colitis. Serologic testing revealed elevated ASCA (145), ACCA (102), and ALCA (76), supporting a diagnosis of Crohn's disease. CRP was mildly elevated at 1.6. Prior trials with mesalamine and oral corticosteroids offered minimal benefit. Following negative QuantiFERON testing, he underwent induction therapy.

10/15/2022: Initial onset of worsening abdominal pain and rectal bleeding exacerbated by dietary triggers. Evaluation noted anal fissures and skin tags with mild tenderness. A trial of topical steroids and dietary adjustments was initiated, with partial symptomatic relief but no significant change in stool frequency or bleeding. His main

Progress Note: Timothy Adam, MD • 5/29/2023

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

SURGICAL HISTORY:	
Appendectomy	
Colonoscopy	
Endoscopy	
FAMILY HISTORY:	
Father: no heart disease, hypertension, diabetes, stroke, cancer	
Mother: lung cancer died	
ALLERGIES:	
Cephaloprotein allergy	
COEXISTING MEDICAL PROBLEMS:	
Disease Prior hospitalization	
RECENT MEDICAL EVENTS:	
ENTROS:	
No eye pain, no vision loss, no exudates, no other eye diseases, ENT: Good	
HEARING: NO tinnitus, no hearing loss	
ENT: No ulcers, No nasal congestion, sinus problems	
Lungs: NO asthma, no cough, no breathing trouble	
Heart: No chest pain, no abdominal pain, no Stent, no bypass, renal: Gout, heroes, OLT: No leakage, no stent problems	
no infection, no blood, no stones, no kidney, kidney failure, Bladder: No back pain	
ICU: No admissions, no other hospitalizations, No stroke, no seizures, no memory loss, no movement disorder, Psych: No depression, no sleep disorder	
No ADD, no other psych problems, Endo: No thyroid problems, no other glandular/endocrine problems, same: No anemia, no other blood diseases	
Skin: No skin cancers, no active rash	

complaint is ongoing anal pain as well as the mouth ulcers. He has been very frustrated with previous caregivers and seeks another opinion now. He denies joint pains or ophthalmologic problems. He denies other medical problems.

A verbal consent was obtained by patient to perform telemedicine. Telemedicine platform used with patient: telephone.

Patient located in the state of Virginia at home. Confirmed providers license is within the state documented by patient. [x] Yes
[] No.

Vital Signs

Ht: 73 in, Wt: 190 lbs, Temp: 97.7 F, BMI: 25.06 Index, WC: -8 lbs, BSA: 2.1, Wt-kg: 86.18 kg.

Examination

General Examination:

GENERAL APPEARANCE: awake, alert, in no acute distress, did not appear uncomfortable.

PSYCH: mood was euthymic .

HEAD: normal .

LUNGS: normal respiration, rhythm, and depth, normal and symmetric excursion .

NEUROLOGIC: alert and oriented to time, place, and person .

Assessments

1. Crohn's disease of colon with rectal bleeding - K50.111

Very problematic case, apparently a poor response to Rinvoq. Reasonable to try Skyrizi if we can get him approved for that.

Treatment

1. Crohn's disease of colon with rectal bleeding

Refill predniSONE Tablet, 20 MG, 1 tablet, Orally, twice a day, 7 days, 14 Tablet, Refills 0

Notes: Reasonable to continue steroid for now. Finish the antibiotics as well. I am concerned that he may reach a point where surgery is the only option and given the severe anal disease, AP resection would likely be necessary as part of that.

2. Others

Notes:

This patient encounter is appropriate and reasonable under the circumstances given the patient's particular presentation at this time. The patient has been advised of the potential risks and limitations of this mode of treatment (including, but not limited to, the absence of in-person examination) and has agreed to be treated in a remote fashion in spite of them.

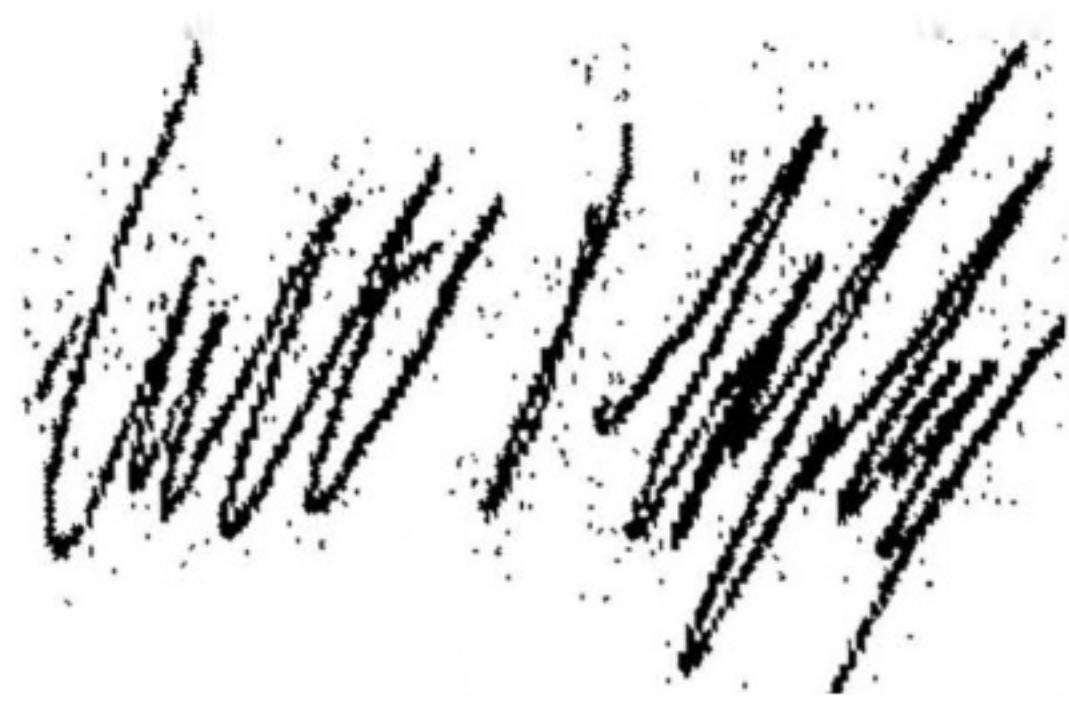
Any and all of the patient's/patient's family's questions on this issue have been answered, and I have made no promises or guarantees to the

Akshay, chaudhari H DOB: 02/17/1987 (36 yo M) Acc No. D775152 DOS:
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patient. The patient has also been advised to contact this office for worsening conditions or problems, and seek emergency medical treatment and/or call 911 if the patient deems either necessary.

Visit Codes

94513 Level 2 Office Visit.



Electronically signed by Timothy David MD, 1101031348
on 05/30/2023 at 10:52 AM EDT

Sign off status: Pending

CUMULATIVE REPORTS

Lipid Panel 303756

COLLECTION DATE	04/02/2024
Order Date	04/02/2024
Result Date	04/03/2024
Ordering Physician	Lafsky, Robert
Triglycerides	112 0-149 mg/dL
HDL Cholesterol	37L >39 mg/dL
Cholesterol, Total	176 100-199 mg/dL
VLDL Cholesterol Cal	20 5-40 mg/dL
LDL Chol Calc (NIH)	119H 0-99 mg/dL
Comment:	NP

Sedimentation Rate-Westergren 005215

COLLECTION DATE	04/02/2024
Order Date	04/02/2024
Result Date	04/03/2024
Ordering Physician	Lafsky, Robert
Sedimentation Rate-Westergren	19H 0-15 mm/hr

*CBC With Differential/Platelet 005009

COLLECTION DATE	04/02/2024
Order Date	04/02/2024
Result Date	04/03/2024
Ordering Physician	Lafsky, Robert
Hemoglobin	13.7 13.0-17.7 g/dL
Hematocrit	43.5 37.5-51.0 %
Platelets	349 150-450 x10E3/uL
WBC	6.1 3.4-10.8 x10E3/uL
RBC	5.54 4.14-5.80 x10E6/uL
Hematology Comments:	NP
Immature Grans (Abs)	0.0 0.0-0.1 x10E3/uL
NRBC	NP
Immature Granulocytes	0 Not Estab. %
Baso (Absolute)	0.0 0.0-0.2 x10E3/uL
Monocytes	13 Not Estab. %
MCH	24.7L 26.6-33.0 pg
Basos	0 Not Estab. %
MCV	79 79-97 fL
Eos (Absolute)	0.0 0.0-0.4 x10E3/uL
MCHC	31.5 31.5-36.7 g/dL
RDW	14.9 11.6-15.4 %
Monocytes(Absolute)	0.8 0.1-0.9 x10E3/uL
Neutrophils	74

***CBC With Differential/Platelet 005009**

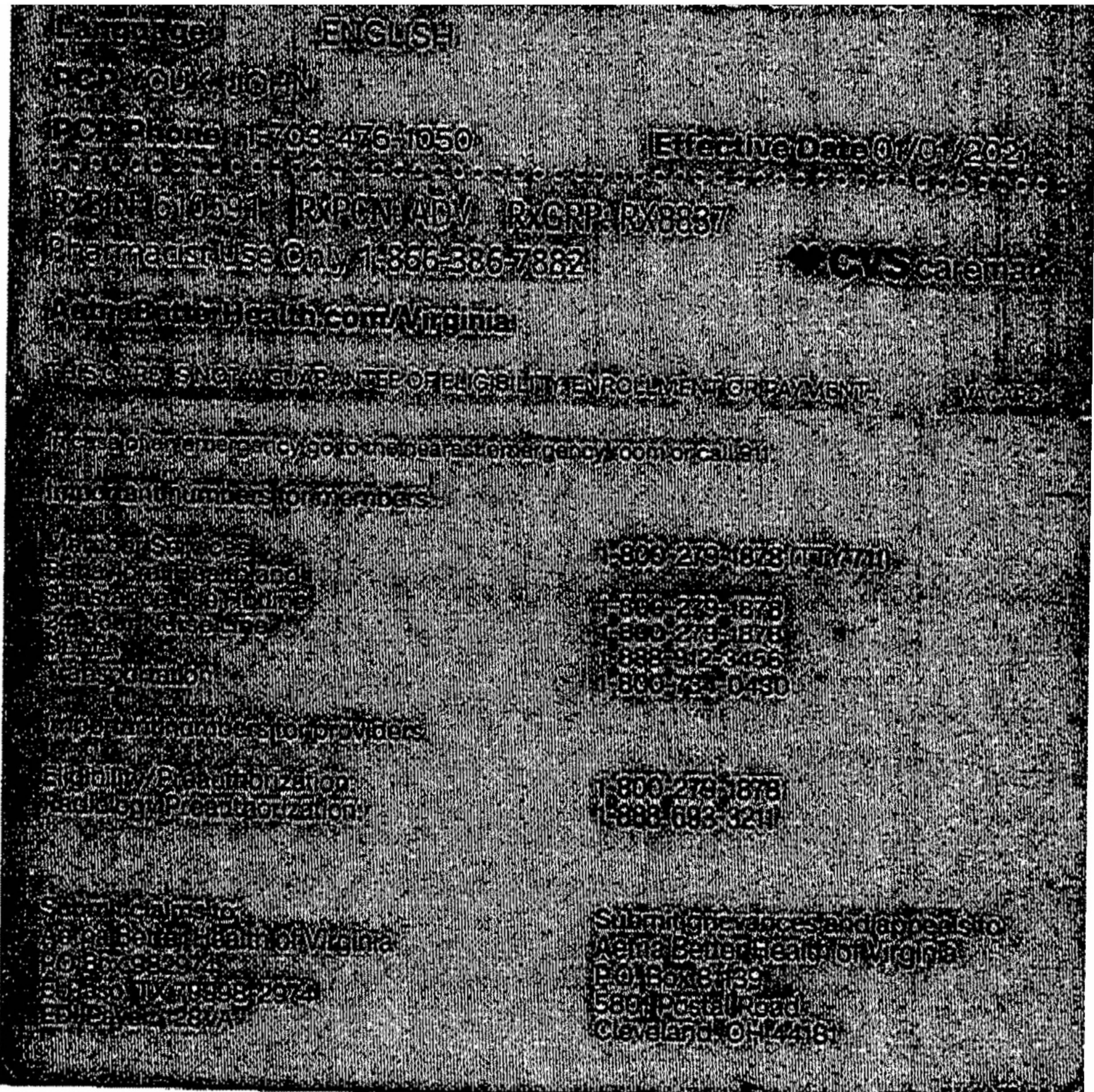
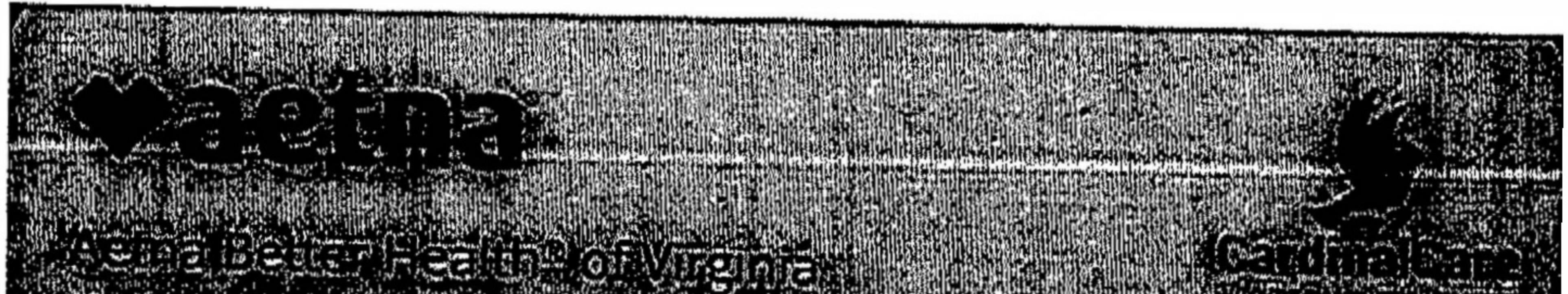
COLLECTION DATE	04/02/2024
Lymphs	12 Not Estab. %
Eos	1 Not Estab. %
Immature Cells	NP
Neutrophils (Absolute)	4.5 $1.4\text{-}7.0 \times 10^3/\mu\text{L}$
Lymphs (Absolute)	0.7 $0.7\text{-}3.1 \times 10^3/\mu\text{L}$

C-Reactive Protein, Quant 006627

COLLECTION DATE	04/02/2024
Order Date	04/02/2024
Result Date	04/03/2024
Ordering Physician	Lafsky, Robert
C-Reactive Protein, Quant	23H 0-10 mg/L

*Comp. Metabolic Panel (14) 322000

COLLECTION DATE	04/02/2024
Order Date	04/02/2024
Result Date	04/03/2024
Ordering Physician	Lafsky, Robert
Calcium, Serum	9.5 8.7-10.2 mg/dL
Protein, Total, Serum	8.2 6.0-8.5 g/dL
ALT (SGPT)	21 0-44 IU/L
AST (SGOT)	23 0-40 IU/L
Alkaline Phosphatase, S	120 44-121 IU/L
Bilirubin, Total	0.4 0.0-1.2 mg/dL
A/G Ratio	1.2 1.2-2.2
Globulin, Total	3.7 1.5-4.5 g/dL
Albumin, Serum	4.5 4.1-5.1 g/dL
Carbon Dioxide, Total	25 20-29 mmol/L
Glucose, Serum	73 70-99 mg/dL
Chloride, Serum	101 96-106 mmol/L
Potassium, Serum	4.2 3.5-5.2 mmol/L
Sodium, Serum	140 134-144 mmol/L
BUN/Creatinine Ratio	19 9-20
Creatinine, Serum	0.78 0.76-1.27 mg/dL
BUN	15 6-24 mg/dL
eGFR	115 >59 mL/min/1.73



Patient Insurance:

Primary Insurance: Aetna Better Health of Virginia
Telephone #: 866-827-2710
Policy #: 350410732018

Relationship: Self - patient is the insured