


PATIENT INFORMATION

PATIENT NAME:		PRIMARY PHONE:	
DOB:		ADDRESS:	
SSN:		CITY, STATE, ZIP:	
CAREGIVER NAME:		ALTERNATE PHONE:	

INSURANCE INFORMATION

(PLEASE FAX A COPY OF PATIENTS INSURANCE CARD INCLUDING BOTH SIDES)

PRIMARY INS:		SECONDARY INS:	
PLAN ID:		PLAN ID:	

PRIMARY DIAGNOSIS:

(PLEASE PROVIDE ICD-10 CODE)

K50.00 Crohn's disease of small intestine	K51.20 Ulcerative (chronic) proctitis
K50.10 Crohn's disease of large intestine	K51.30 Ulcerative (chronic) rectosigmoiditis
K50.80 Crohn's disease of both small and large intestine	K51.50 Left sided colitis
K50.90 Crohn's disease, unspecified	K51.80 Other ulcerative colitis
K51.00 Ulcerative (chronic) pancolitis	K51.90 Ulcerative colitis, unspecified
OTHER:	OTHER:

CLINICAL INFORMATION

GENDER: M F	DIAGNOSIS DATE:
WEIGHT: lbs kg	COMORBIDITIES:
HEIGHT: in cm	CONCOMITANT MEDICATIONS:
TB/PPD TEST: Yes No	ALLERGIES: NKDA OTHER

PRIOR THERAPY

(PLEASE PROVIDE MEDICATION HISTORY)

PRIOR THERAPY	YES	NO	REASON FOR DISCONTINUATION OF THERAPY	START DATE	END DATE

REQUIRED DOCUMENTATION:

INSURANCE CARD FRONT AND BACK	MOST RECENT LABS	H & P
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DRUG	DOSE / STRENGTH	DIRECTIONS	QTY	REFILLS
CIMZIA (certolizumab)	200 mg/mL Prefilled Syringe 200mg Vial	Loading Dose: Inject 400mg SC at week 0, week 2 and week 4 Maintenance Dose: Inject 200mg SC every 2 weeks Maintenance Dose: Inject 400mg SC every 4 weeks		
ENTYVIO (Vedolizumab)	300mg Vial	Infuse 300mg IV over 30 minutes at weeks 0,2 and 6. Infuse 300mg IV over 30 minutes every 8 weeks		
HUMIRA (Adalimumab)	40mg/0.8mL Pen 40mg/0.4mL Pen 40mg/0.8mL Prefilled Syringe 40mg/0.4mL Prefilled Syringe 80 mg/0.8 mL Pen 80 mg/0.8 mL Prefilled Syringe	Adults & Pediatric (≥ 40kg) Loading Dose: Inject 160mg SC on Day 1 and then 80mg on day 15 Maintenance Dose: Inject 40mg SC every OTHER week Pediatric (17kg to 40kg) Loading Dose: Inject 80mg SC on Day 1 and then 40mg on day 15 Maintenance Dose: Inject 20mg SC every OTHER week Other: _____		
INFLECTRA (Infliximab)	100mg Vial	Loading Dose: Inject _____mg (5mg/kg) IV at Weeks 0,2 and 6 Maintenance Dose: Inject _____mg (5mg/kg) IV every 8 weeks Other: _____		



DRUG	DOSE / STRENGTH	DIRECTIONS	QTY	REFILLS
REMICADE (Infliximab)	100mg Vial	Loading Dose: Inject _____mg (5mg/kg) IV at Weeks 0,2 and 6 Maintenance Dose: Inject _____mg (5mg/kg) IV every 8 weeks Other: _____		
RENFLIXIS (Infliximab)	100mg Vial	Loading Dose: Inject _____mg (5mg/kg) IV at Weeks 0,2 and 6 Maintenance Dose: Inject _____mg (5mg/kg) IV every 8 weeks Other: _____		
RINVOQ (Upadacitinib)	15mg ER Tab 30mg ER Tab 45mg ER Tab	Ulcerative Colitis Induction: Take 45mg by mouth once daily for 8 weeks Crohn's Disease Induction: Take 45mg by mouth once daily for 12 weeks Maintenance: Take 15mg by mouth once daily Take 30mg by mouth once daily.		
SIMPONI (Golimumab)	100 mg/mL Prefilled syringe 100 mg/mL Autoinjector	Loading Dose: Inject 200mg SC at week 0 then 100mg at week 2 Maintenance Dose: Inject 100mg SC every 4 weeks		
SKYRIZI (Risankizumab)	600mg/10mL IV infusion 150mg/mL Prefilled Syringe 180mg/mL Prefilled Syringe 360mg/mL Prefilled Syringe	Plaque psoriasis & Psoriatic Arthritis Inject 150mg SC at week 0, 4 and every 12 weeks thereafter Crohn's Disease Induction Dose: Inject 600mg IV at week 0,4 & 8 Maintenance Dose: Inject 180mg SC at week 12 followed by every 8 weeks (Thereafter) Inject 360 mg SC at week 12 followed by every 8 weeks (Thereafter)		
STELARA (Ustekinumab)	130 mg/26 mL Vial 45mg/0.5mL vial 45mg/0.5mL Prefilled Syringe 90 mg/mL Prefilled Syringe	Loading Dose: For patients weighing upto 55kg: Infuse 260mg intravenously For patients weighing 55-85kg: Infuse 390mg intravenously For patients weighing >85kg: Infuse 520mg intravenously Maintenance Dose: Inject 90mg SC every 8 weeks		
TYSABRI (Natalizumab)	300 mg/15 mL Vial	Infuse 300mg IV over one hour every 4 weeks		
XELJANZ (Tocfacitinib)	5mg Tablet	Give 5mg by mouth twice daily Give 10mg by mouth twice daily Other: _____		
ZEPOSIA (Ozanimod)	0.23mg Cap 0.46mg Cap 0.92mg Cap	Days 1-4: Take 0.23mg by mouth once daily Days 5-7: Take 0.46mg by mouth once daily Day 8 and thereafter: Take 0.92mg by mouth once daily For mild to mod hepatic impairment Day 8 and thereafter: Take 0.92mg by mouth every other day		

OTHER:

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SHIP TO: PATIENT	PRESCRIBER'S OFFICE	NEEDS BY:	PRODUCT SUBSTITUTION PERMITTED:
INJECTION TRAINING PROVIDED BY:	PRESCRIBER'S OFFICE	PHARMACY NA	DISPENSE AS WRITTEN:

PRESCRIBER INFORMATION

PHYSICIAN NAME:	PHONE:	LICENSE #:
OFFICE CONTACT:	FAX:	NPI #:
ADDRESS:	CITY, STATE, ZIP:	DEA #:

PRESCRIBER'S SIGNATURE:	DATE:
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