

Specialty pharmacy enrollment form

Please detach before submitting to a pharmacy - tear here.

This form is not a valid prescription in Arizona and Virginia

Patient information

Please complete the following or **send patient demographic sheet**

Patient name _____
 Address _____
 Address 2 _____
 City, State, Zip _____
 Home phone _____ Alternate phone _____
 DOB _____ Last Four of SS# _____ Gender _____
 Language preference: English Spanish Other _____

Prescriber information

Prescriber's name _____
 DEA _____
 NPI _____
 Group/Hospital _____
 Address _____
 City, State, ZIP _____
 Phone _____ Fax _____
 Contact person _____ Phone _____
(Must fax a copy of patient's insurance card including both sides)

Medical information (Section must be completed to process prescription) (Attach separate sheet if needed)

Diagnosis - Please include diagnosis name with ICD-10 code

K50.00 Crohn's disease of small intestine without complications
 K50.10 Crohn's disease of large intestine without complications
 K50.90 Crohn's disease, unspecified, without complications
 Other diagnosis: ICD-10 Code _____ Description _____
 Has a TB test been performed? Yes No
 Does the patient have an active infection? Yes No
Start date _____ **Review date** _____

Additional information Therapy: New Reauthorization Restart

Weight _____ kg/lbs Height _____ cm/in
 Allergies _____
 Lab data _____
 Prior therapies _____
Injection training required: Yes No

Prescription information

Medication	Strength	Dose & Directions	Qty	Refills
<input type="checkbox"/> Abrilada™ (adalimumab-afzb)	<input type="checkbox"/> 20 mg/0.4 mL prefilled syringe <input type="checkbox"/> 40 mg/0.8 mL prefilled syringe <input type="checkbox"/> 40 mg/0.8 mL pen	Adult: <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (starting Day 29) Pediatric Crohn's disease (≥ 6 years and adolescents): 17 kg to <40 kg <input type="checkbox"/> Initiation: 80 mg SQ on Day 1, 40 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 20 mg SQ every other week (starting Day 29) ≥40 kg <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (starting Day 29)		
<input type="checkbox"/> Amjevita™ (adalimumab-atto)	<input type="checkbox"/> 20 mg/0.4 mL Prefilled syringe (citrate-free) <input type="checkbox"/> 40 mg/0.8 mL Prefilled syringe (citrate-free) <input type="checkbox"/> 40 mg/0.8 mL Prefilled SureClick® autoinjector (citrate-free)	Adult: <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (starting Day 29) Pediatric (≥ 6 years and adolescents): 17 kg to <40 kg <input type="checkbox"/> Initiation: Inject 80 mg SQ on Day 1, 40 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 20 mg SQ every other week (starting Day 29) ≥40 kg <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (starting Day 29)		
<input type="checkbox"/> Avsola® (infliximab-axxq)	<input type="checkbox"/> 100 mg vial	<input type="checkbox"/> Initiation - Infuse 5 mg/kg at Weeks 0, 2, and 6 <input type="checkbox"/> Maintenance - Infuse 5 mg/kg every 8 weeks		
<input type="checkbox"/> Cimzia® (certolizumab pegol)	<input type="checkbox"/> 200 mg/mL Vial kit <input type="checkbox"/> 200 mg/mL Starter kit <input type="checkbox"/> 200 mg/mL Prefilled syringe	<input type="checkbox"/> Initiation - Inject 400 mg SQ at Weeks 0, 2, and 4 <input type="checkbox"/> Maintenance - Inject 400 mg SQ every 4 weeks		

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Ship to:

Patient Office-first fill only Office-all fills Other _____ Date: _____ Needs by date: _____

Product substitution permitted Dispense as written

Prescriber's Signature _____ Date _____ Supervising Physician Signature: _____ Date _____

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K50.00 Crohn's disease of small intestine without complications
 K50.10 Crohn's disease of large intestine without complications
 K50.90 Crohn's disease, unspecified, without complications
 Other diagnosis: ICD-10 Code _____ Description _____
 Has a TB test been performed? Yes No
 Does the patient have an active infection? Yes No
Start date _____ **Review date** _____

Additional information Therapy: New Reauthorization Restart

Weight _____ kg/lbs Height _____ cm/in
 Allergies _____
 Lab data _____
 Prior therapies _____
Injection training required: Yes No

Prescription information

<input type="checkbox"/> Cyltezo® (adalimumab-adbm)	Starter Kits: <input type="checkbox"/> 40mg/0.8ml Pen Start Pack Crohn's Disease/ Ulcerative Colitis (6 pens) Maintenance: <input type="checkbox"/> 40 mg/0.8mL Pen <input type="checkbox"/> 40mg/0.8mL prefilled syringe	Adult: <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29) Pediatric Crohn's disease (≥6 years and adolescents): 17 kg to <40 kg <input type="checkbox"/> Initiation: 80 mg SQ on Day 1, 40 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 20 mg SQ every other week (starting on Day 29) ≥40 kg <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)
<input type="checkbox"/> Dupixent® (dupilumab)	<input type="checkbox"/> 300 mg/2ml Prefilled Pen <input type="checkbox"/> 300 mg/2ml Prefilled Syringe	Inject 300 mg SQ every week
<input type="checkbox"/> Entyvio® (vedolizumab)	<input type="checkbox"/> 300 mg vial	<input type="checkbox"/> Initiation - Infuse 300 mg IV over 30 minutes at Weeks 0, 2, and 6 <input type="checkbox"/> Maintenance - Infuse 300 mg IV over 30 minutes every 8 weeks
<input type="checkbox"/> Entyvio® (vedolizumab)	<input type="checkbox"/> 108 mg/0.68mL prefilled syringe <input type="checkbox"/> 108 mg/0.68mL prefilled pen	<input type="checkbox"/> Dates of initial infusions: _____ <input type="checkbox"/> Maintenance - Infuse 300 mg IV over 30 minutes every 8 weeks
<input type="checkbox"/> Hadlima™ (adalimumab-bwwd)	<input type="checkbox"/> 40mg/0.4ml prefilled syringe <input type="checkbox"/> 40mg/0.8ml prefilled syringe <input type="checkbox"/> 40mg/0.4ml PushTouch auto-injector <input type="checkbox"/> 40mg/0.8ml PushTouch auto-injector	Adult: <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29) Pediatric Crohn's disease (≥6 years and adolescents): 17 kg to <40 kg <input type="checkbox"/> Initiation: 80 mg SQ on Day 1, 40 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 20 mg SQ every other week (starting on Day 29) ≥40 kg <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)

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Prescriber information

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K50.00 Crohn's disease of small intestine without complications
 K50.10 Crohn's disease of large intestine without complications
 K50.90 Crohn's disease, unspecified, without complications
 Other diagnosis: ICD-10 Code _____ Description _____
 Has a TB test been performed? Yes No
 Does the patient have an active infection? Yes No
Start date _____ **Review date** _____

Additional information Therapy: New Reauthorization Restart

Weight _____ kg/lbs Height _____ cm/in
 Allergies _____
 Lab data _____
 Prior therapies _____
Injection training required: Yes No

Prescription information

<input type="checkbox"/> Hulario* (adalimumab-fkjp)	<input type="checkbox"/> 20 mg/0.4mL prefilled syringe <input type="checkbox"/> 40 mg/0.8mL prefilled syringe <input type="checkbox"/> 40 mg/0.8mL pen	Adult: <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29) Pediatric Crohn's disease (≥6 years and adolescents): 17 kg to <40 kg <input type="checkbox"/> Initiation: 80 mg SQ on Day 1, 40 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 20 mg SQ every other week (starting on Day 29) ≥40 kg <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)
<input type="checkbox"/> Humira* (adalimumab)	Starter kits: <input type="checkbox"/> 80 mg/0.8mL Starter pack pre-filled pen (citrate free) Maintenance: <input type="checkbox"/> 40 mg/0.4mL Pre-filled pen (citrate free) <input type="checkbox"/> 40 mg/0.4mL Pre-filled syringe (citrate free) <input type="checkbox"/> 40 mg/0.8mL Pre-filled pen kit <input type="checkbox"/> 40 mg/0.8mL Pre-filled syringe kit Other: _____	Adult: <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (starting Day 29) Pediatric (≥ 6 years and adolescents): 17 kg to <40 kg <input type="checkbox"/> Initiation: Inject 80 mg SQ on Day 1, 40 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 20 mg SQ every other week (starting Day 29) ≥40 kg <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (starting Day 29)
<input type="checkbox"/> Hyrimoz* (adalimumab-adaz)	Starter Kit: <input type="checkbox"/> 80 mg/0.8mL Sensoready Pen Crohn's Disease/Ulcerative Colitis starter pack <input type="checkbox"/> 80 mg/0.8mL prefilled syringe Pediatric Crohn's starter pack <input type="checkbox"/> 80 mg/0.8mL + 40 mg/0.4mL prefilled syringe pediatric Crohn's starter pack Maintenance: <input type="checkbox"/> 10 mg/0.1mL prefilled syringe <input type="checkbox"/> 20 mg/0.2mL prefilled syringe <input type="checkbox"/> 40 mg/0.4mL prefilled syringe <input type="checkbox"/> 40 mg/0.8mL prefilled syringe <input type="checkbox"/> 40 mg/0.4mL auto-injector <input type="checkbox"/> 80 mg/0.8mL auto-injector	Adult: <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29) Pediatric Crohn's disease (≥6 years and adolescents): 17 kg to <40 kg <input type="checkbox"/> Initiation: 80 mg SQ on Day 1, 40 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 20 mg SQ every other week (starting on Day 29) ≥40 kg <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)

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 K50.90 Crohn's disease, unspecified, without complications
 Other diagnosis: ICD-10 Code _____ Description _____
 Has a TB test been performed? Yes No
 Does the patient have an active infection? Yes No
Start date _____ **Review date** _____

Additional information Therapy: New Reauthorization Restart

Weight _____ kg/lbs Height _____ cm/in
 Allergies _____
 Lab data _____
 Prior therapies _____
Injection training required: Yes No

Prescription information

<input type="checkbox"/> Idacio [®] (adalimumab-aacf)	Starter Kit: <input type="checkbox"/> 40 mg/0.8ml Crohn's disease/ulcerative colitis Start Kit Maintenance: <input type="checkbox"/> 40 mg/0.8ml auto-injector <input type="checkbox"/> 40 mg/0.8ml prefilled syringe	Adult: <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29) Pediatric Crohn's disease (≥6 years and adolescents): ≥40 kg <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)	
<input type="checkbox"/> Inflectra (infliximab-dyyb)	<input type="checkbox"/> 100 mg vial	<input type="checkbox"/> Initiation - Infuse 5 mg/kg at Weeks 0, 2, and 6 <input type="checkbox"/> Maintenance - Infuse 5 mg/kg every 8 weeks	
<input type="checkbox"/> Omvoh (mirikizumab-mrkz)	<input type="checkbox"/> 300 mg vial (for IV infusion) <input type="checkbox"/> 100 mg/1mL prefilled pen Date of initial infusion: _____	<input type="checkbox"/> Induction Dosing: Give 300 mg via IV infusion over at least 30 minutes at week 0, week 4, and week 8 <input type="checkbox"/> Maintenance Dosing: Inject 200mg (2 injections) subcutaneously at week 12 and every 4 weeks	
<input type="checkbox"/> Remicade [®] (infliximab)	<input type="checkbox"/> 100 mg vial	<input type="checkbox"/> Initiation - Infuse 5 mg/kg at Weeks 0, 2, and 6 <input type="checkbox"/> Maintenance - Infuse 5 mg/kg every 8 weeks	
<input type="checkbox"/> Renflexis [®] (infliximab-abda)	<input type="checkbox"/> 100 mg vial	<input type="checkbox"/> Initiation - Infuse 5 mg/kg at Weeks 0, 2, and 6 <input type="checkbox"/> Maintenance - Infuse 5 mg/kg every 8 weeks	
<input type="checkbox"/> Rinvoq [®] (upadacitinib)	<input type="checkbox"/> 45 mg tablet-Loading dose <input type="checkbox"/> 15 mg tablet-Maintenance dose <input type="checkbox"/> 30 mg tablet-Maintenance dose	<input type="checkbox"/> Crohn's disease induction: Take 45 mg PO once daily for 12 weeks <input type="checkbox"/> Ulcerative colitis induction: Take 45 mg PO once daily for 8 weeks <input type="checkbox"/> Maintenance dose: Take 15 mg PO once daily <input type="checkbox"/> Alternative maintenance dose: Take 30 mg PO once daily	
<input type="checkbox"/> Simponi [®] (golimumab)	<input type="checkbox"/> 100 mg/mL SmartJect autoinjector <input type="checkbox"/> 100 mg/mL Prefilled syringe	<input type="checkbox"/> Initiation - Inject 200 mg SQ at Week 0 then 100 mg at Week 2 <input type="checkbox"/> Maintenance - Inject 100 mg SQ every 4 weeks	
<input type="checkbox"/> Skyrizi [®] (Risankizumab-rzaa)	<input type="checkbox"/> 600 mg/10 mL single-dose vial-initiation dose <input type="checkbox"/> 360 mg/2.4 mL single-dose prefilled cartridge with On-body injector-maintenance dose <input type="checkbox"/> 180 mg/1.2 mL single-dose prefilled cartridge with On-body injector-maintenance dose Date of initial infusion: _____	<input type="checkbox"/> Initiation-Infuse 600 mg as initial IV dose at Week 0, Week 4, and Week 8 as directed by prescriber Maintenance dose: <input type="checkbox"/> 360 mg by SQ injection at week 12, and every 8 weeks thereafter <input type="checkbox"/> 180 mg by SQ injection at week 12, and every 8 weeks thereafter	

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Additional information Therapy: New Reauthorization Restart

Weight _____ kg/lbs Height _____ cm/in
Allergies _____
Lab data _____
Prior therapies _____
Injection training required: Yes No

Prescription information

<input type="checkbox"/> Stelara® (ustekinumab)	<input type="checkbox"/> 130 mg/26 mL solution single dose vial <input type="checkbox"/> 90 mg/mL Prefilled syringe Date of initial infusion: _____	<input type="checkbox"/> Initiation - Infuse: <input type="checkbox"/> 260 mg <input type="checkbox"/> 390 mg <input type="checkbox"/> 520 mg as initial IV dose as directed by prescriber <input type="checkbox"/> Maintenance - Inject 90 mg SQ every 8 weeks (begin dosing 8 weeks after the IV induction dose) <input type="checkbox"/> Take 1 tablet by mouth once daily	
<input type="checkbox"/> Velsipity (etrasimod)	<input type="checkbox"/> 2 mg tablet	<input type="checkbox"/> Initiation: <input type="checkbox"/> 10 mg twice daily for 8 weeks <input type="checkbox"/> XR: 22 mg once daily for 8 weeks <input type="checkbox"/> Maintenance: _____ <input type="checkbox"/> 5 mg twice daily <input type="checkbox"/> XR: 11 mg once daily <input type="checkbox"/> 10 mg twice daily <input type="checkbox"/> XR: 22 mg once daily	
<input type="checkbox"/> Xeljanz® (tofacitinib)	<input type="checkbox"/> 5 mg tablet <input type="checkbox"/> 10 mg tablet <input type="checkbox"/> 11 mg XR tablet <input type="checkbox"/> 22 mg XR tablet	Adult: <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29) Pediatric Crohn's disease (≥6 years and adolescents): ≥40 kg <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)	
<input type="checkbox"/> Yusimry™ (adalimumab-aqvh)	<input type="checkbox"/> 40 mg/0.4mL prefilled syringe <input type="checkbox"/> 40 mg/0.4mL auto-injector	Adult: <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29) Pediatric Crohn's disease (≥6 years and adolescents): ≥40 kg <input type="checkbox"/> Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) <input type="checkbox"/> Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)	
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<input type="checkbox"/> Zeposia® (ozanimod)	<input type="checkbox"/> 0.92 mg capsule <input type="checkbox"/> 7-Day starter pack <input type="checkbox"/> 37 Day starter kit (starter pack + 0.92 mg capsules)	<input type="checkbox"/> Initiation: Take 0.23 mg once daily for days 1-4, then take 0.46 mg once daily for days 5-7, then take 0.92 mg once daily on day 8 and every day thereafter <input type="checkbox"/> Maintenance: Take 0.92 mg once daily	

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