



GASTROENTEROLOGY ENROLLMENT FORM

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PHARMACY LOCATION
Phone: 512-381-1708
Toll Free: 855-241-6658
11209 Metric Blvd., Suite 84
Austin, TX 78758

DATE:
DATE NEEDED:

SHIP TO:
PATIENT OFFICE

PATIENT INFO
NAME, E-MAIL, DOB, ADDRESS, CITY, STATE, ZIP, HOME TELEPHONE, MOBILE PHONE, SS#

PLEASE FAX COPY OF INSURANCE CARD (FRONT & BACK)

PRESCRIPTION INFORMATION

Diagnosis Codes
Date of Diagnosis:
TREATMENT HISTORY
New to this medicine
Continued Treatment

Entyvio (Crohn's/UC)
300mg/20ml Vial
Initial Directions:
Administer 300mg via IV infusion at Weeks 0, 2, and 6, then 300mg every 8 weeks.

Humira (Pediatric Crohn's)
Initial Dose:
17 kg (37 lbs) to less than 40 kg (88 lbs); >= 6 yrs:
80 mg/0.8 mL, 40 mg/0.4 mL PFS Kit

Humira (Pediatric UC)
Initial Dose:
20 kg (44 lbs) to less than 40 kg (88 lbs); >= 5 yrs:
40mg/0.4mL (CF) Pen
40mg/0.8mL Pen

PRIOR FAILED MEDICATION(S)
Medication
Length of Treatment
Reason for Discontinuing

Xifaxan
550mg
200mg
Hepatic Encephalopathy: Sig. Take 1 Tab PO BID
IBS-D: Sig. Take 1 Tab PO TID

Rinvoq (UC)
Initial Dose:
45mg ER Tablet QD x 8 weeks Qty: 28 tablets
30mg ER Tablet QD x 8 weeks Qty: 30 tablets

Initial Dose: 40 kg (88 lbs) and greater; >= 5 yrs
Starter Pack 80mg/0.8mL (CF) Pen
Initial Directions:
Inject 160mg SC on Day 1, 80mg on Day 8 and Day 15, then continue with maintenance dose starting Day 29

Other Prescription
Drug Name:
Strength:
Directions:
QTY: Refills

Zeposia (UC)
Initial Dose:
0.23/0.46 Capsule Starter Kit (7 day)
1 Starter Kit (7 Capsules)
Initial Directions:
Days 1-4: Take 0.23mg by mouth once daily. Days 5-7: Take 0.46mg by mouth once daily.

Skyrizi (Crohn's)
Initial Dose:
600 mg/10ml Single Dose Vial
Initial Directions:
Administer 600mg via IV infusion over at least one hour at Week 0, 4, and 8.

Stelara (Crohn's/UC)
Initial Dose:
Vial (130mg/26ml) for IV Admin.
Initial Directions:
(wt < 55 kg): Administer 260 mg (2 Vials) as a single dose via IV infusion, then begin maintenance dosing eight weeks later.

- Remicade 100mg SDV (Crohn's/UC)
Inflectra 100mg/20ml vial (Crohn's/UC)
Reflexis 100mg SDV (Crohn's/UC)
Avsola 100mg SDV (Crohn's/UC)
Infliximab 100mg SDV (Crohn's/UC)

Humira (Adult Crohn's/UC)
Initial Dose:
CD/UC Starter Pack 80mg/0.8mL (CF) (3-Pens)
CD/UC Starter Pack 80mg/0.8mL (CF) (3-PFS)
CD/UC Starter Pack 40mg/0.8mL (6 Pens)
CD/UC Starter Pack 40mg/0.8mL (6 PFS)

Simponi (UC)
Smartlect Pen (100mg/ml)
PFS Syringe (100mg/ml)
Initial Directions:
Inject 200mg (2Pen/PFS) SC at Week 0, then 100mg (1Pen/PFS) SC at Week 2, then 100mg every 4 weeks thereafter.

Xeljanz (UC)
Initial Dose:
10mg Tablet
22mg XR Tab let
Initial Directions:
Take 1 tablet (10mg) by mouth BID.
Take 1 tablet (22mg XR) by mouth QD.

Initial Directions:
Administer mg (5mg/kg) at Weeks 0, 2, & 6, then maintenance dosing.
QTY: Vials
Other:
Maintenance Directions:
Administer mg every 8 wks
QTY: Vials
Other: Refills

Initial Dose:
Starter Kit (200mg Pre-filled Syringe)
Vial (200mg/ml) & supplies
Initial Directions:
Inject 400mg SC at weeks 0, 2, and 4.
Other:
QTY: 1 pre-fill syr KIT (6x200mg syr)
6 Vials
Maintenance Dose:
Pre-filled Syringe (200mg/ml)
Vial (200mg/ml) & supplies
Maintenance Directions:
Inject 400mg SC every 4 weeks.
Other:
QTY: 2 pre-filled syr
4 Vials
Refills

Methotrexate
2.5 mg tablets
25 mg/ml Vials
Dosing:
QTY: Refills

Maintenance Dose:
90mg/ml PFS
Maintenance Directions:
Inject 1 PFS (90mg) SC every 8 weeks.
QTY: PFS
Refills

Cimzia (Crohn's)
Initial Dose:
Starter Kit (200mg Pre-filled Syringe)
Vial (200mg/ml) & supplies
Initial Directions:
Inject 400mg SC at weeks 0, 2, and 4.
Other:
QTY: 1 pre-fill syr KIT (6x200mg syr)
6 Vials
Maintenance Dose:
Pre-filled Syringe (200mg/ml)
Vial (200mg/ml) & supplies
Maintenance Directions:
Inject 400mg SC every 4 weeks.
Other:
QTY: 2 pre-filled syr
4 Vials
Refills

Initial Dose:
CD/UC Starter Pack 80mg/0.8mL (CF) (3-Pens)
CD/UC Starter Pack 80mg/0.8mL (CF) (3-PFS)
CD/UC Starter Pack 40mg/0.8mL (6 Pens)
CD/UC Starter Pack 40mg/0.8mL (6 PFS)
Initial Directions:
Inject 160 mg SC on Day 1, 80 mg on Day 15, then continue with maintenance dose starting Day 29
Inject 80 mg SC on Day 1, 80 mg on Day 2, 80 mg on Day 15, then continue with maintenance dose starting Day 29
Other:
QTY:
Maintenance Dose:
45mg/0.4mL (CF) Pen
40mg/0.8mL Pen
30mg/0.4mL (CF) PFS
40mg/0.8mL PFS
Maintenance Directions:
Inject 40mg SC every OTHER week.
Other:
QTY:
Refills

Initial Directions:
Inject 100mg (1 Pen/PFS) SC every 4 weeks
QTY: 1 Pens/PFS
Refills

Maintenance Dose:
11mg XR Tablet
5mg Tablet
Maintenance Directions:
Take 1 tablet (5mg) by mouth BID.
Take 1 tablet (11mg XR) by mouth QD.
Other:
QTY: 60
30
Refills

INJECTION TRAINING
Patient has received injection training
Physician Office to provide injection training
Pharmacy to provide injection training

Prescriber's Name:
Telephone:
Office Address:
NPI #:
DEA #:
Tax ID #:
Medicaid Provider #:
PRESCRIBER'S SIGNATURE
DATE

Contact Person:
Email:
City:
State:
Zip:

QTY: 60
30
Refills

PRESCRIBER INFORMATION
I authorize the Pharmacy noted above and its representatives to act as an agent to initiate and execute the insurance prior authorization process.
*IF BRAND DRUGS ARE PREFERRED, HANDWRITE "BRAND MEDICALLY NECESSARY" ABOVE