Gastroenterology Enrollment Form

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

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Prescriber's Signature_____ Date _____ Electronic or digital signatures not accepted.	Prescriber's Signature_____ Date _____ Electronic or digital signatures not accepted.
Supervising/Collaborative Physician Information (per state requirements) _____	

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

Medication	Strength	Dose & Directions	Qty	Refills
☐ Hulio® (adalimumab-fkjp)	☐ 20 mg/0.4mL prefilled syringe ☐ 40 mg/0.8mL prefilled syringe ☐ 40 mg/0.8mL pen	Adult: ☐ Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ 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** ☐ Initiation: 80 mg SQ on Day 1, 40 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 20 mg SQ every other week (starting on Day 29) **≥40 kg** ☐ Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)		
☐ Humira® (adalimumab)	Starter kits: ☐ 80 mg/0.8mL Starter pack pre-filled pen (citrate free) Maintenance: ☐ 40 mg/0.4mL Pre-filled pen (citrate free) ☐ 40 mg/0.4mL Pre-filled syringe (citrate free) ☐ 40 mg/0.8mL Pre-filled pen kit ☐ 40 mg/0.8mL Pre-filled syringe kit Other:_____	Adult: ☐ Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 40 mg SQ every other week (starting Day 29) Pediatric (≥ 6 years and adolescents): **17 kg to <40 kg** ☐ Initiation: Inject 80 mg SQ on Day 1, 40 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 20 mg SQ every other week (starting Day 29) **≥40 kg** ☐ Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 40 mg SQ every other week (starting Day 29)		

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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
☐ Hyrimoz® (adalimumab-adaz)	Starter Kit: ☐ 80 mg/0.8ml Sensoready Pen Crohn's Disease/Ulcerative Colitis starter pack ☐ 80 mg/0.8mL prefilled syringe Pediatric Crohn's starter pack ☐ 80 mg/0.8mL + 40 mg/0.4mL prefilled syringe pediatric Crohn's starter pack Maintenance: ☐ 10 mg/0.1mL prefilled syringe ☐ 20 mg/0.2mL prefilled syringe ☐ 40 mg/0.4mL prefilled syringe ☐ 40 mg/0.8mL prefilled syringe ☐ 40 mg/0.4mL auto-injector ☐ 80 mg/0.8mL auto-injector	Adult: ☐ Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ 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** ☐ Initiation: 80 mg SQ on Day 1, 40 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 20 mg SQ every other week (starting on Day 29) **≥40 kg** ☐ Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)		
☐ Idacio® (adalimumab-aacf)	Starter Kit: ☐ 40 mg/0.8ml Crohn's disease/ulcerative colitis Start Kit Maintenance: ☐ 40 mg/0.8ml auto-injector ☐ 40 mg/0.8ml prefilled syringe	Adult: ☐ Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 40 mg SQ every other week (Starting on Day 29) Pediatric Crohn's disease (≥6 years and adolescents): **≥40 kg** ☐ Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)		
☐ Inflectra (infliximab-dyyb)	☐ 100 mg vial	☐ Initiation - Infuse 5 mg/kg at Weeks 0, 2, and 6 ☐ Maintenance - Infuse 5 mg/kg every 8 weeks		
☐ Omvoh (mirikizumab-mrkz)	☐ 300 mg vial (for IV infusion) ☐ 100 mg/1mL prefilled pen Date of initial infusion: _____	☐ Induction Dosing: Give 300 mg via IV infusion over at least 30 minutes at week 0, week 4, and week 8 ☐ Maintenance Dosing: Inject 200mg (2 injections) subcutaneously at week 12 and every 4 weeks		
☐ Remicade® (infliximab)	☐ 100 mg vial	☐ Initiation - Infuse 5 mg/kg at Weeks 0, 2, and 6 ☐ Maintenance - Infuse 5 mg/kg every 8 weeks		

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Prescriber information

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Address _____
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☐ 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
☐ Renflexis® (infliximab-abda)	☐ 100 mg vial	☐ Initiation - Infuse 5 mg/kg at Weeks 0, 2, and 6 ☐ Maintenance - Infuse 5 mg/kg every 8 weeks		
☐ Rinvoq® (upadacitinib)	☐ 45 mg tablet-Loading dose ☐ 15 mg tablet-Maintenance dose ☐ 30 mg tablet-Maintenance dose	☐ Crohn's disease induction: Take 45 mg PO once daily for 12 weeks ☐ Ulcerative colitis induction: Take 45 mg PO once daily for 8 weeks ☐ Maintenance dose: Take 15 mg PO once daily ☐ Alternative maintenance dose: Take 30 mg PO once daily		
☐ Simlandi® (adalimumab-ryvk)	☐ 40 mg/0.4 mL auto-injector	Adult: ☐ Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 40 mg SQ every other week (Starting on Day 29) Pediatric Crohn's disease (≥6 years and adolescents): **≥40 kg** ☐ Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)		
☐ Simponi® (golimumab)	☐ 100 mg/mL SmartJect autoinjector ☐ 100 mg/mL Prefilled syringe	☐ Initiation - Inject 200 mg SQ at Week 0 then 100 mg at Week 2 ☐ Maintenance - Inject 100 mg SQ every 4 weeks		
☐ Skyrizi® (Risankizumab-rzaa)	☐ 600 mg/10 mL single-dose vial-initiation dose ☐ 360 mg/2.4 mL single-dose prefilled cartridge with On-body injector-maintenance dose ☐ 180 mg/1.2 mL single-dose prefilled cartridge with On-body injector-maintenance dose Date of initial infusion: _____	☐ Initiation-Infuse 600 mg as initial IV dose at Week 0, Week 4, and Week 8 as directed by prescriber Maintenance dose: ☐ 360 mg by SQ injection at week 12, and every 8 weeks thereafter ☐ 180 mg by SQ injection at week 12, and every 8 weeks thereafter		
☐ Stelara® (ustekinumab)	☐ 130 mg/26 mL solution single dose vial ☐ 90 mg/mL Prefilled syringe Date of initial infusion: _____	☐ Initiation - Infuse: ☐ 260 mg ☐ 390 mg ☐ 520 mg as initial IV dose as directed by prescriber ☐ Maintenance - Inject 90 mg SQ every 8 weeks (begin dosing 8 weeks after the IV induction dose)		
☐ Velsipity (etrasimod)	☐ 2 mg tablet	☐ Take 1 tablet by mouth once daily		

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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

Medication	Strength	Dose & Directions	Qty	Refills
☐ Xeljanz® (tofacitinib)	☐ 5 mg tablet ☐ 10 mg tablet ☐ 11 mg XR tablet ☐ 22 mg XR tablet	☐ Initiation: ☐ 10 mg twice daily for 8 weeks ☐ XR: 22 mg once daily for 8 weeks ☐ Maintenance: _____ ☐ 5 mg twice daily ☐ XR: 11 mg once daily ☐ 10 mg twice daily ☐ XR: 22 mg once daily		
☐ Yusimry™ (adalimumab-aqvh)	☐ 40 mg/0.4mL prefilled syringe ☐ 40 mg/0.4mL auto-injector	Adult: ☐ Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 40 mg SQ every other week (Starting on Day 29) Pediatric Crohn's disease (≥6 years and adolescents): **≥40 kg** ☐ nitiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)		
☐ Yusimry™ (adalimumab-aqvh)	☐ 40 mg/0.8mL prefilled syringe ☐ 40 mg/0.8mL auto-injector	Adult: ☐ Initiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 40 mg SQ every other week (Starting on Day 29) Pediatric Crohn's disease (≥6 years and adolescents): **≥40 kg** ☐ nitiation: Inject 160 mg SQ on Day 1, then 80 mg on Day 15 (two weeks later) ☐ Maintenance: Inject 40 mg SQ every other week (Starting on Day 29)		
☐ Zeposia® (ozanimod)	☐ 0.92 mg capsule ☐ 7-Day starter pack ☐ 37 Day starter kit (starter pack + 0.92 mg capsules)	☐ 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 ☐ Maintenance: Take 0.92 mg once daily		
☐ Zymfentra™ (infliximab-dyyb)	☐ 120 mg/mL auto-injector ☐ 120 mg/mL prefilled syringe	**Prior to initiation,** an IV induction regimen with an infliximab product must be completed prior to starting subcutaneous therapy. ☐ Maintenance: Inject 120mg subcutaneously every 2 weeks starting at week 10		

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