

New/Changed Dose**Gastroenterology (H-R) Humira®, Omvoh™, Rinvoq®****Prescriber Information**

Prescriber Name _____ MD DO NP PA NPI _____
Office Contact _____ Practice Name / Collaborating MD _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patient's Name _____ Last 4 Digits of SS# _____ DOB / /
Sex M F Weight _____ Height _____ Diabetic? Y N
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work/Cell _____ HIPAA Contact _____
Emergency # _____
Interpreter Needed? Y N | Allergies Y N If Yes, list allergies _____

Insurance Information

Primary Insurance _____ Policy ID _____ Group# _____
BIN _____ PCN _____
Policyholder Name _____ Policyholder DOB / /

Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES, AND LAB VALUES**ICD-10/Diagnosis Code**

Crohn's Disease K50.0 _____ (Crohn's of the Small Intestine) K50.1 _____ (Crohn's of the Large Intestine) K50.8 _____ (Crohn's of Both Intestines) K50.9 _____ (Crohn's, Unspecified)

Ulcerative Colitis K51.0 _____ (Ulcerative Pancolitis) K51.2 _____ (Ulcerative Proctitis)
K51.3 _____ (Ulcerative Rectosigmoiditis) K51.5 _____ (Left Sided Colitis)
K51.8 _____ (Other Ulcerative Colitis) K51.9 _____ (Ulcerative Colitis, Unspecified)
K58.0 _____ (Irritable Bowel Syndrome with Diarrhea) Other _____

Date of Diagnosis / / Date of Negative TB Test / /

Prior Treatment? Y N (Provide Information Below)

Prior Therapy _____

Reason for Discontinuation of Therapy _____ Approx. Start Date / /
Approx. End Date / /

Prescription Information

Medication	Quantity/Dose	Sig	Refills
HUMIRA® *Adults PFS Pen	CD/UC/HS Starter Pack (3x80 mg/0.8 ml)	<p>Starter Dose: Inject 160 mg SQ on day 1 and 80 mg SQ on day 15. Begin maintenance dosing on day 29. Inject 80 mg SQ on day 1, 80 mg SQ on day 2, and 80 mg SQ on day 15. Begin maintenance dosing on day 29.</p>	No Refills
	1 carton (2x40 mg/0.4 ml)	Maintenance Dose: Inject 40 mg SQ every other week	
HUMIRA® *Pediatrics age 6+ (CD) PFS Pen	Psoriasis/Uveitis Starter Pack (1x80 mg/0.8 ml, 2x40 mg/0.4 ml) CD/UC/HS Starter Pack (3x80 mg/0.8 ml)	<p>Starter Dose: Weight 17 kg (37 lbs) to < 40 kg (88 lbs): Inject 80 mg SQ on day 1 and 40 mg SQ on day 15. Begin maintenance dosing on day 29. Weight \geq 40 kg (88 lbs): Inject 160 mg SQ on day 1 and 80 mg SQ on day 15. Begin maintenance dosing on day 29. Inject 80 mg SQ on day 1, 80 mg SQ on day 2, and 80 mg SQ on day 15. Begin maintenance dosing on day 29.</p>	No Refills
	1 carton (2x20 mg/0.2 ml) – PFS ONLY 1 carton (2x40 mg/0.4 ml)	Maintenance Dose: Weight 17 kg (37 lbs) to < 40 kg (88 lbs): Inject 20 mg SQ every other week Weight \geq 40 kg (88lbs): Inject 40 mg SQ every other week	
HUMIRA® *Pediatrics age 5+ (UC) PFS Pen	Psoriasis/Uveitis Starter Pack (1x80 mg/0.8 ml, 2x40 mg/0.4 ml) 2 cartons (4x80 mg/0.8 ml) – PEN ONLY	<p>Starter Dose: Weight 20 kg (44 lbs) to < 40 kg (88 lbs): Inject 80 mg SQ on day 1, 40 mg SQ on day 8, and 40 mg SQ on day 15. Begin maintenance dosing on day 29. Weight \geq 40 kg (88 lbs): Inject 160 mg SQ on day 1, 80 mg SQ on day 8 and 80 mg SQ on day 15. Begin maintenance dosing on day 29. Inject 80 mg SQ on day 1, 80 mg SQ on day 2, 80 mg SQ on day 8 and 80 mg SQ on day 15. Begin maintenance dosing on day 29.</p>	No Refills
	2 cartons (4x20 mg/0.2 ml) – PFS ONLY 1 carton (2x40 mg/0.4 ml) 2 cartons (4x40 mg/0.4 ml) 1 carton (2x80 mg/0.8 ml) – PEN ONLY	Maintenance Dose: Weight 20 kg (44 lbs) to < 40 kg (88 lbs): Inject 20 mg SQ every week Inject 40 mg SQ every other week Weight \geq 40 kg (88lbs): Inject 40 mg SQ every week Inject 80 mg SQ every other week	

Prescription Information

Medication	Quantity/Dose	Sig	Refills
OMVOH™ PFS Pen	CD Package (1x200 mg/2 ml + 1x100 mg/ml) UC Package (2x100 mg/ml)	CD Maintenance Dose: Inject 300 mg SQ every 4 weeks, starting at week 12 UC Maintenance Dose: Inject 200 mg SQ every 4 weeks, starting at week 12	
RINVOQ®	45 mg tablets (28 day supply)	CD Starter Dose: Take 1 tablet by mouth daily for 12 weeks UC Starter Dose: Take 1 tablet by mouth daily for 8 weeks	2
	15 mg tablets (30 day supply) 30 mg tablets (30 day supply)	Maintenance Dose: Take 1 tablet by mouth daily	1

Injection Training

Patient received injection training Prescriber's office to provide injection training
 Community Memorial Healthcare to coordinate injection training

By signing this form and utilizing our services, you are authorizing Community Memorial Healthcare and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature _____
Substitution Permitted
 Date _____

Prescriber Signature _____
Dispense as Written
 Date _____

If brand is required, please write
 "DAW" in the box to the right.