

**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 Procolitis)  
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
<b>HUMIRA®</b> *Adults PFS Pen	CD/UC/HS Starter Pack (3x80 mg/0.8 ml)	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.	No Refills
	1 carton (2x40 mg/0.4 ml)	Maintenance Dose: Inject 40 mg SQ every other week	
<b>HUMIRA®</b> *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)	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 ≥ 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.	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 ≥ 40 kg (88lbs): Inject 40 mg SQ every other week	
<b>HUMIRA®</b> *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	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 ≥ 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.	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 ≥ 40 kg (88lbs): Inject 40 mg SQ every week Inject 80 mg SQ every other week	

### Prescription Information

Medication	Quantity/Dose	Sig	Refills
<b>OMVOH™</b> 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	
<b>RINVOQ®</b>	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
			1
	15 mg tablets (30 day supply) 30 mg tablets (30 day supply)	Maintenance Dose: Take 1 tablet by mouth daily	

### 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.