## **INFLAMMATORY BOWEL DISEASE SPECIALTY CARE PROGRAM**

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	State: Zie:	AC	ddress:	Stata: 7	Zin:		
	State: Zip: Alt. Phone:						
			PI:				
	ender: OM OF Caregiver:						
	/eight: Allergies:				Dhono:		
_							
Date of Diagnosis: Crohn's Disease CD-10:	Ulcerative Colitis   Irritable Bow	vel Syndrome	Prior Failed Treatments:	on) Indicate Drug and Length of		nt:	
Other:			Biologics				
Serious or active infection present?Image: YesImage: NoHep B ruled out or treatment started?Image: YesImage: No			Corticosteroids				
B Test: D Positive		-	Immunosuppressants				
Pregnancy test : D Posi			Methotrexate				
<u> </u>			□ Surgery				
	denied, recommended formulary altern riber based upon the patient's insurar		□ Other				
	AINING: O Pharmacist to Provide					~+	
<u> </u>					e Suppoi	rt.	
5 PRODUCT DEL	<b>VERY:</b> O Patient's Home O F	Physician's Offic	ce O Pharmacy to Coordi	nate			
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Patient Name:			Patient's Date of	of Birth:			
			Patient's Date c Direction		QTY	Refill	
Patient Name:		Induction Dose	Patient's Date of				
Patient Name: Medication	Dosage & Strength	<ul> <li>Induction Dose</li> <li>Maintenance:</li> <li></li></ul>	Patient's Date c Direction Inject 400mg SC on day 1, 14 and 28	of Birth:	<b>QTY</b> 6	Refill	
Patient Name: Medication	Dosage & Strength  200mg Lyophilized Powder  200mg mg/ml single-dose Prefilled Syringe  Crohn's Disease/Ulcerative Colitis 80mg/0.8ml Starter Package  Crohn's Disease/Ulcerative Colitis 40mg/0.4ml Starter Package  40mg/0.4ml Pen  80mg/0.8ml Pen	<ul> <li>Induction Dose</li> <li>Maintenance:</li> <li>Maintenance:</li> <li>Crohn's diseas</li> <li>Induction Dose</li> <li>Maintenance D</li> </ul>	Patient's Date of Direction Inject 400mg SC on day 1, 14 and 28 nject 400mg SC every 4 weeks evelulcerative colitis for adult patients: Inject 160mg on day 1 and 80mg on day	of Birth:	<b>QTY</b> 6 2	Refill	
Patient Name: Medication	Dosage & Strength  200mg Lyophilized Powder  200mg mg/ml single-dose Prefilled Syringe  Crohn's Disease/Ulcerative Colitis 80mg/0.8ml Starter Package  Crohn's Disease/Ulcerative Colitis 40mg/0.4ml Starter Package  40mg/0.4ml Pen  80mg/0.8ml Pen  40mg/0.4ml Prefilled Syringe  80mg/0.8ml Prefilled Syringe	<ul> <li>Induction Dose</li> <li>Maintenance:</li> <li>Maintenance:</li> <li>Crohn's diseas</li> <li>Induction Dose</li> <li>Maintenance:</li> <li>Maintenance:</li> <li>Patient has sign</li> </ul>	Patient's Date of Direction : Inject 400mg SC on day 1, 14 and 28 nject 400mg SC every 4 weeks : Inject 400mg SC every 4 weeks : Inject 160mg on day 1 and 80mg on day Dose: Inject 40mg every other week starti	of Birth:	<b>QTY</b> 6 2	Refill	
Patient Name: Medication CIMZIA®	Dosage & Strength         200mg Lyophilized Powder         200mg mg/ml single-dose Prefilled Syringe         Crohn's Disease/Ulcerative Colitis         80mg/0.8ml Starter Package         Crohn's Disease/Ulcerative Colitis         40mg/0.4ml Starter Package         40mg/0.4ml Pen         80mg/0.8ml Pen         40mg/0.4ml Prefilled Syringe         80mg/0.8ml Prefilled Syringe         80mg/0.8ml Prefilled Syringe	Induction Dose Maintenance: Crohn's diseas Induction Dose Maintenance Maintenance: Patient has sign and dosages listed Induction Dose Induction Dose	Patient's Date of Direction Parential Direction Parential Direction Parential Direction Parential Direction Patient's Date of Direction Parential Direction Parential Direction Patient's Date of Direction Parential Direction Patient's Date of Direction Parential Direction Parential Direction Patient's Date of Parential Direction Parential Direction Parential Direction Patient's Date of Parential Direction Patient's Date of Parential Direction Parential Direction Patient's Date of Parential Direction Patient's Date of Parential Direction Patient's Date of Parential Direction Patient's Date of Patient's	of Birth:	<b>QTY</b> 6 2 3	Refill	
Patient Name: Medication	Dosage & Strength         200mg Lyophilized Powder         200mg mg/ml single-dose Prefilled Syringe         Crohn's Disease/Ulcerative Colitis         80mg/0.8ml Starter Package         Crohn's Disease/Ulcerative Colitis         40mg/0.4ml Starter Package         40mg/0.4ml Prefilled Syringe         80mg/0.4ml Prefilled Syringe         80mg/0.8ml Prefilled Syringe         100mg/ml Smartject <sup>®</sup> Autoinjector	Induction Dose Maintenance: Crohn's diseas Induction Dose Maintenance: Maintenance: Patient has sign and dosages listed Induction Dose switch to maintenance	Patient's Date of Direction : Inject 400mg SC on day 1, 14 and 28 nject 400mg SC every 4 weeks : Inject 400mg SC every 4 weeks : Inject 160mg on day 1 and 80mg on day Dose: Inject 40mg every other week startif inject 40mg SC every other week the HUMIRA Complete form are Humira® Citrate Free : Inject 200mg SC at week 0, 100mg SC enance dose	of Birth:	<b>QTY</b> 6 2 3 2 3 3	Refil	
Patient Name: Medication CIMZIA®	Dosage & Strength         200mg Lyophilized Powder         200mg mg/ml single-dose Prefilled Syringe         Crohn's Disease/Ulcerative Colitis         80mg/0.8ml Starter Package         Crohn's Disease/Ulcerative Colitis         40mg/0.4ml Starter Package         40mg/0.4ml Pen         80mg/0.8ml Pen         40mg/0.4ml Prefilled Syringe         80mg/0.8ml Prefilled Syringe         80mg/0.8ml Prefilled Syringe	<ul> <li>Induction Dose</li> <li>Maintenance:</li> <li>Maintenance:</li> <li>Crohn's diseas</li> <li>Induction Dose</li> <li>Maintenance:</li> <li>Maintenance:</li> <li>Patient has sign and dosages listed</li> <li>Induction Dose switch to maint</li> <li>Maintenance:</li> <li>Induction Dose</li> </ul>	Patient's Date of Direction Parential Direction Parential Direction P	ay 15 ng on day 29 at week 2 and then	<b>QTY</b> 6 2 3 2 2	Refill 0	
Patient Name: Medication CIMZIA®	Dosage & Strength         200mg Lyophilized Powder         200mg mg/ml single-dose Prefilled Syringe         Crohn's Disease/Ulcerative Colitis         80mg/0.8ml Starter Package         Crohn's Disease/Ulcerative Colitis         40mg/0.4ml Starter Package         40mg/0.4ml Pen         80mg/0.8ml Pen         40mg/0.4ml Prefilled Syringe         80mg/0.8ml Prefiled Syringe         100mg/ml Smartject <sup>®</sup> Autoinjector         100mg/ml Prefilled Syringe	Induction Dose     Maintenance:       Maintenance:       Crohn's diseas     Induction Dose     Maintenance D     Maintenance:       Patient has sign     and dosages listed     Induction Dose     switch to maint     Maintenance:       Induction Dose     switch to maint     Maintenance:       Induction Dose     switch to maint     Maintenance:       Induction Dose     s85 kg: 520mg     Maintenance D	Patient's Date of Direction Particle Section Particle Section P	of Birth:	<b>QTY</b> 6 2 3 2 3 3	Refill 0	
Patient Name: Medication CIMZIA® HUMIRA®	Dosage & Strength         200mg Lyophilized Powder         200mg mg/ml single-dose Prefilled Syringe         Crohn's Disease/Ulcerative Colitis         80mg/0.8ml Starter Package         Crohn's Disease/Ulcerative Colitis         40mg/0.4ml Starter Package         40mg/0.4ml Starter Package         80mg/0.8ml Pen         80mg/0.8ml Prefilled Syringe         80mg/0.8ml Prefilled Syringe         100mg/ml Smartject <sup>®</sup> Autoinjector         100mg/ml Prefilled Syringe         100mg/ml Vial	Induction Dose Maintenance: I Crohn's diseas Induction Dose Maintenance I Maintenance I Patient has signand dosages listed Induction Dose switch to maint Induction Dose switch to maint Induction Dose S85 kg: 520mg Maintenance I Induction Dose >85 kg: 520mg Induction Dose S85 kg: 520mg Induction Dose 85 kg: 520mg Induction Dose 00 mg by intra Week 0, Week 4 Maintenance do	Patient's Date of Direction Direction Inject 400mg SC on day 1, 14 and 28 nject 400mg SC every 4 weeks Inject 400mg SC every 4 weeks Inject 160mg on day 1 and 80mg on day Dose: Inject 40mg every other week startif nject 40mg SC every other week Inject 40mg SC every other week Inject 40mg SC every other week Inject 200mg SC at week 0, 100mg SC enance dose Inject 100mg SC every 4 weeks Patient Weight <55kg: 260mg; >55kg to administered IV Dose: Inject 90mg SC 8 weeks after the ir se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir Se then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir Se then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir Se then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir Se then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir Se then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir Se then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir Se then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir Se then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir Se then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir Se then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir Se then every 8 weeks thereafter Inject 90mg SC 8 weeks after the ir Inject 90mg SC 8 weeks 4 weeks 8 week	at week 2 and then	QTY 6 2 3 2 2 3 1	Refill 0	
Patient Name: Medication CIMZIA® HUMIRA® SIMPONI® STELARA®	Dosage & Strength         200mg Lyophilized Powder         200mg mg/ml single-dose Prefilled Syringe         Crohn's Disease/Ulcerative Colitis         80mg/0.8ml Starter Package         40mg/0.4ml Starter Package         40mg/0.4ml Pen         80mg/0.8ml Prefilled Syringe         200mg/nl Prefilled Syringe         100mg/nl Prefilled Syringe         100mg/ml Prefilled Syringe         90mg/0.4ml Prefilled Syringe         6         100mg/ml Prefilled Syringe         130mg/26ml Vial         90mg/ml Prefilled Syringe         600 mg/10 ml (60 mg/ml) in each single-dose vial         360 mg/2.4 ml (150 mg/ml) single-dose	Induction Dose Maintenance: I Crohn's diseas Induction Dose Maintenance I Maintenance I Patient has signand dosages listed Induction Dose switch to maint Maintenance: I Induction Dose >85 kg: 520mg Maintenance I Induction Dose >85 kg: 520mg Induction Dose 600 mg by intra Week 0, Week 0 Maintenance d 360 mg by subor	Patient's Date of Direction Direction Particle and the inject 400mg SC on day 1, 14 and 28 nject 400mg SC every 4 weeks provide a state of the inject 40mg on day 1 and 80mg on day provide a state of the inject 40mg every other week starting inject 40mg SC every other week starting inject 40mg SC every other week are HUMIRA Complete form are Humira® Citrate Free inject 200mg SC at week 0, 100mg SC enance dose inject 100mg SC every 4 weeks Provide a start of the inject 90mg SC 8 weeks after the inject 40mg SC 8 weeks after the inject 40mg SC 8 weeks thereafter weenous infusion over a period of at least 4, and Week 8	of Birth:	QTY 6 2 3 2 2 3 1	Refill 0	
<ul> <li>Patient Name:</li> <li>Medication</li> <li>CIMZIA®</li> <li>HUMIRA®</li> <li>SIMPONI®</li> <li>STELARA®</li> </ul>	Dosage & Strength         200mg Lyophilized Powder         200mg mg/ml single-dose Prefilled Syringe         Crohn's Disease/Ulcerative Colitis         80mg/0.8ml Starter Package         40mg/0.4ml Starter Package         40mg/0.4ml Pen         80mg/0.8ml Perfilled Syringe         40mg/0.4ml Prefilled Syringe         100mg/ml Prefilled Syringe         100mg/ml Prefilled Syringe         100mg/ml Prefilled Syringe         90mg/ml Prefilled Syringe	<ul> <li>Induction Dose</li> <li>Maintenance:</li> <li>Maintenance:</li> <li>Induction Dose</li> <li>Maintenance I</li> <li>Maintenance:</li> <li>Maintenance:</li> <li>Patient has sign and dosages listed</li> <li>Induction Dose switch to maint</li> <li>Maintenance:</li> <li>Induction Dose switch to maint</li> <li>Maintenance:</li> <li>Induction Dose switch to maint</li> <li>Maintenance:</li> <li>Induction Dose s85 kg: 520mg</li> <li>Maintenance I intravenous dos</li> <li>Induction Dose 600 mg by intra Week 0, Week 4</li> <li>Maintenance 0 360 mg by subs</li> <li>Take one 9mg t</li> </ul>	Patient's Date of Direction Direction Inject 400mg SC on day 1, 14 and 28 nject 400mg SC every 4 weeks Inject 400mg SC every 4 weeks Inject 160mg on day 1 and 80mg on da Dose: Inject 40mg every other week starti nject 40mg SC every other week are Humira® Citrate Free Inject 200mg SC at week 0, 100mg SC enance dose Inject 100mg SC every 4 weeks Patient Weight <55kg: 260mg; >55kg tr administered IV Dose: Inject 90mg SC 8 weeks after the in se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the in se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the in se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the in se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the in se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the in se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the in se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the in se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the in se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the in se, then every 8 weeks thereafter Inject 90mg SC 8 weeks after the in se, then every 8 weeks thereafter Inject 90mg SC 8 weeks 12, and ever ablet once daily in the morning with or with the morning with or with the morning with or with the morning with the morning with the morning bit for the set of the	of Birth:	QTY 6 2 3 2 2 3 1	Refill 0	
<ul> <li>Patient Name:</li> <li>Medication</li> <li>CIMZIA®</li> <li>HUMIRA®</li> <li>SIMPONI®</li> <li>STELARA®</li> <li>SKYRIZI®</li> </ul>	Dosage & Strength         200mg Lyophilized Powder         200mg mg/ml single-dose Prefilled Syringe         Crohn's Disease/Ulcerative Colitis 80mg/0.8ml Starter Package         Crohn's Disease/Ulcerative Colitis 40mg/0.4ml Pan         40mg/0.4ml Pen         40mg/0.8ml Prefilled Syringe         Bomg/0.8ml Prefilled Syringe         100mg/ml Smartject <sup>®</sup> Autoinjector         100mg/ml Prefilled Syringe         100mg/ml Prefilled Syringe         600 mg/10 ml (60 mg/ml) in each single-dose vial         360 mg/2.4 ml (150 mg/ml) single-dose prefilled cartridge	Induction Dose Maintenance: I Crohn's diseas Induction Dose Maintenance I Maintenance I Patient has sign and dosages listed Induction Dose switch to maint Induction Dose switch to maint Induction Dose switch to maint Maintenance: I Induction Dose switch to maint Maintenance I Induction Dose switch to maint Maintenance I Induction Dose switch to maint Take 0, Week 4 Maintenance D 360 mg by subd Take one 9mg t Induction Dose Asintenance D Take 30mg oral or extensive dis	Patient's Date of Direction Direction Provide the second s	at week 2 and then at week 2 and then b 85kg: 390mg; hitial one hour at y 8 weeks thereafter thout food for up to 8 weeks s h refractory, severe,	QTY 6 2 3 2 2 3 1	Refill 0	
Patient Name: Medication CIMZIA® HUMIRA® SIMPONI® STELARA® STELARA® SKYRIZI® UCERIS®	Dosage & Strength         200mg Lyophilized Powder         200mg mg/ml single-dose Prefilled Syringe         Crohn's Disease/Ulcerative Colitis 80mg/0.8ml Starter Package         Crohn's Disease/Ulcerative Colitis 40mg/0.4ml Starter Package         40mg/0.4ml Pen         80mg/0.8ml Pen         40mg/0.4ml Prefilled Syringe         80mg/0.8ml Prefilled Syringe         100mg/ml Smartject <sup>®</sup> Autoinjector         100mg/ml Prefilled Syringe         100mg/ml Prefilled Syringe         90mg/nl Prefilled Syringe         130mg/26ml Vial         90mg/nl Prefilled Syringe         360 mg/2.4 ml (150 mg/ml) in each single-dose vial         360 mg/2.4 ml (150 mg/ml) single-dose prefilled cartridge         9mg ER Tablets         45mg ER Tablets         15mg ER Tablet	Induction Dose Maintenance: I Crohn's diseas Induction Dose Maintenance I Maintenance I Patient has sign and dosages listed Induction Dose switch to maint Induction Dose switch to maint Induction Dose switch to maint Maintenance: I Induction Dose switch to maint Maintenance I Induction Dose switch to maint Maintenance I Induction Dose switch to maint Take 0, Week 4 Maintenance D 360 mg by subd Take one 9mg t Induction Dose Asintenance D Take 30mg oral or extensive dis	Patient's Date of Direction Parential Direction Parential Direction Parential Direction Parential Direction Direction Parential Di	at week 2 and then at week 2 and then b 85kg: 390mg; hitial one hour at y 8 weeks thereafter thout food for up to 8 weeks s h refractory, severe,	QTY 6 2 3 2 2 3 1	Refill 0	
Patient Name: Medication CIMZIA® HUMIRA® SIMPONI® STELARA® SKYRIZI® UCERIS®	Dosage & Strength         200mg Lyophilized Powder         200mg mg/ml single-dose Prefilled Syringe         Crohn's Disease/Ulcerative Colitis 80mg/0.8ml Starter Package         Crohn's Disease/Ulcerative Colitis 40mg/0.4ml Starter Package         40mg/0.4ml Pen         80mg/0.8ml Pen         40mg/0.4ml Prefilled Syringe         80mg/0.8ml Prefilled Syringe         100mg/ml Smartject <sup>®</sup> Autoinjector         100mg/ml Prefilled Syringe         100mg/ml Prefilled Syringe         90mg/nl Prefilled Syringe         130mg/26ml Vial         90mg/nl Prefilled Syringe         360 mg/2.4 ml (150 mg/ml) in each single-dose vial         360 mg/2.4 ml (150 mg/ml) single-dose prefilled cartridge         9mg ER Tablets         45mg ER Tablets         15mg ER Tablet	Induction Dose Maintenance: I Crohn's diseas Induction Dose Maintenance I Maintenance I Patient has signant dosages listed Induction Dose switch to maint Maintenance: I Induction Dose S5 kg: 520mg Maintenance I Induction Dose 85 kg: 520mg Induction Dose 85 kg: 520mg Induction Dose 85 kg: 520mg Induction Dose 8600 mg by intra Week 0, Week 0 Maintenance I Induction Dose 600 mg by subd Take one 9mg t Induction Dose 600 mg by subd Take one 9mg t Induction Dose Induction Dose 600 mg by subd Take one 9mg t Induction Dose Induction Dose 600 mg by subd Take one 9mg t Induction Dose Inducti	Patient's Date of Direction Parential Direction Parential Direction Parential Direction Parential Direction Direction Parential Di	at week 2 and then at week 2 and then b 85kg: 390mg; hitial one hour at y 8 weeks thereafter thout food for up to 8 weeks s h refractory, severe,	QTY 6 2 3 2 2 3 1	Refill 0	
Patient Name: Medication CIMZIA® HUMIRA® SIMPONI® SIMPONI® SKYRIZI® UCERIS® RINVOQ® XR	Dosage & Strength         200mg Lyophilized Powder         200mg mg/ml single-dose Prefilled Syringe         Crohn's Disease/Ulcerative Colitis 80mg/0.8ml Starter Package         Crohn's Disease/Ulcerative Colitis 40mg/0.4ml Starter Package         40mg/0.4ml Pen         80mg/0.8ml Pen         40mg/0.4ml Prefilled Syringe         80mg/0.8ml Prefilled Syringe         100mg/ml Smartject <sup>®</sup> Autoinjector         100mg/ml Prefilled Syringe         100mg/ml Prefilled Syringe         90mg/nl Prefilled Syringe         130mg/26ml Vial         90mg/nl Prefilled Syringe         360 mg/2.4 ml (150 mg/ml) in each single-dose vial         360 mg/2.4 ml (150 mg/ml) single-dose prefilled cartridge         9mg ER Tablets         45mg ER Tablets         15mg ER Tablet	Induction Dose Maintenance: I Crohn's diseas Induction Dose Maintenance I Patient has sign and dosages listed Induction Dose switch to maint Maintenance: I Induction Dose S5 kg: 520mg Maintenance C Induction Dose 85 kg: 520mg Maintenance C Induction Dose 600 mg by intra Week 0, Week 4 Maintenance C 360 mg by subo Take one 9mg t Induction Dose and cosage to 30mg of	Patient's Date of Direction Directio	at week 2 and then at week 2 and then at week 2 and then b 85kg: 390mg; hitial one hour at y 8 weeks thereafter thout food for up to 8 weeks s h refractory, severe, easing the	QTY 6 2 3 2 3 1 1 1	Refill           0           0           0           0           0           0           0           0           0           0           0           0	
Patient Name: Medication CIMZIA® HUMIRA® SIMPONI® SIMPONI® SKYRIZI® UCERIS® RINVOQ® XR	Dosage & Strength         200mg Lyophilized Powder         200mg mg/ml single-dose Prefilled Syringe         Crohn's Disease/Ulcerative Colitis 80mg/0.4ml Starter Package         40mg/0.4ml Starter Package         40mg/0.4ml Starter Package         40mg/0.4ml Pen         80mg/0.8ml Pen         40mg/0.4ml Prefilled Syringe         100mg/ml Smartject <sup>®</sup> Autoinjector         100mg/ml Prefilled Syringe         130mg/26ml Vial         90mg/ml Prefilled Syringe         360 mg/2.4 ml (150 mg/ml) in each single-dose vial         360 mg/2.4 ml (150 mg/ml) single-dose prefilled cartridge         9mg ER Tablet         15mg ER Tablet         30mg ER Tablet         30mg ER Tablet         30mg ER Tablet         30mg ER Tablet	Induction Dose Maintenance: I Crohn's diseas Induction Dose Maintenance I Maintenance I Patient has sign and dosages listed Induction Dose switch to maint Induction Dose S5 kg: 520mg Maintenance I Induction Dose 85 kg: 520mg Induction Dose 600 mg by intra Week 0, Week 4 Maintenance I 360 mg by subd Take one 9mg t Induction Dose 360 mg by subd Take one 9mg t Induction Dose Gosage to 30mg or or extensive dis "If an adequate maintenance I s my designee for initiation	Patient's Date of Direction Directio	ay 15 ng on day 29 at week 2 and then o 85kg: 390mg; nitial one hour at y 8 weeks thereafter ithout food for up to 8 weeks s h refractory, severe, easing the tions, nursing services and patier	QTY 6 2 3 2 3 1 1 1	Refill           0           0           0           0           0           0           0           0           0	

## **INFLAMMATORY BOWEL DISEASE SPECIALTY CARE PROGRAM**



	RMATION:		PRESCRIBER INFORMATION:		
Address:			Address:		
City:	State: Zi	ip: C	City: State:	Zip:	
	Alt. Phone:		Phone: Fax:		
:mail:			NPI: DEA:		
OB: Gen	der: OM OF Caregive	r: Ta	āx I.D.:		
leight: Weig	:: Weight: Allergies:		Office Contact: Phone:		
Date of Diagnosis: Crohn's Disease		e Bowel Syndrome	ch All Medical Documentation) Prior Indicate Dreatments: and Length of 5-ASA		
Other:			Biologics		
Serious or active infection present?       □ Yes       □ No         Hep B ruled out or treatment started?       □ Yes       □ No         TB Test:       □ Positive       □ Negative       □ Date:         Pregnancy test :       □ Positive       □ Negative       □ Date:			Corticosteroids		
			Immunosuppressants		
	_		<b>—</b> • • • • • • • • • • • • • • • • • • •		
If Prior Authorization is denied, recommended formulary alternatives will be provided to the prescriber based upon the patient's insurance coverage			Surgery     Other     Patient Trained in MD Office O Manufacturer Nurse		
<b>1</b> INJECTION TRAI	NING: O Pharmacist to P	rovide Training O F	Patient Trained in MD Office O Manufacturer Nur	se Support	
<u> </u>			fice O Pharmacy to Coordinate		
		-	•		
<b>RESCRIPTION IN</b>	FORMATION: (Please		e both induction and maintenance dose when		
Medication	Dosage & Strength		Patient's Date of Birth: Direction	QTY Refi	
	<ul> <li>100mg Tablet</li> <li>75mg Tablet</li> </ul>	moderate or severe	•	60	
		• •	twice daily for at least 8 weeks		
	5mg Tablet		once daily for at least 8 weeks		
		Mainterror D	201		
	10mg Tablet	<ul> <li>Maintenance Dos</li> <li>Take 5mg orally tv</li> </ul>			
□ XELJANZ <sup>®</sup> □ XELJANZ <sup>®</sup> XR	<ul><li>10mg Tablet</li><li>22mg Tablet</li></ul>		wice daily		
	10mg Tablet	Take 5mg orally tv	wice daily twice daily		
	<ul><li>10mg Tablet</li><li>22mg Tablet</li></ul>	Take 5mg orally tv Take 10mg orally t Take 10mg orally Take 11mg orally Moderate and seven	wice daily twice daily		
	<ul><li>10mg Tablet</li><li>22mg Tablet</li></ul>	Take 5mg orally tv Take 10mg orally tv Take 10mg orally t Take 11mg orally t Moderate and seve impairment reduce	wice daily twice daily once daily ere renal impairment or moderate hepatic	42	
□ XELJANZ <sup>®</sup> XR	<ul> <li>10mg Tablet</li> <li>22mg Tablet</li> <li>11mg Tablet</li> </ul>	Take 5mg orally tv Take 10mg orally tv Take 10mg orally t Take 11mg orally t Moderate and seve impairment reduce Take one tablet Induction Dose:	wice daily twice daily once daily ere renal impairment or moderate hepatic dose to 5mg once daily or 11mg once daily."	42	
□ XELJANZ <sup>®</sup> XR □ XIFAXAN <sup>®</sup>	10mg Tablet     22mg Tablet     11mg Tablet     11mg Tablet     550mg Tablets Ulcerative Colitis (UC)     40mg/0.8ml Single-Dose	Take 5mg orally tu Take 10mg orally tu Take 10mg orally t Take 11mg orally t Moderate and seve impairment reduce Take one tablet Induction Dose:	wice daily twice daily once daily ere renal impairment or moderate hepatic dose to 5mg once daily or 11mg once daily." t three times daily for 14 days Inject 160mg SC on day 1 and 80mg on day 15 use: Inject 40mg SC every other week starting on day 29 e daily on days 1-4		
□ XELJANZ <sup>®</sup> XR □ XIFAXAN <sup>®</sup> □ YUSIMRY <sup>™</sup>	10mg Tablet     22mg Tablet     11mg Tablet     11mg Tablet     550mg Tablets  Ulcerative Colitis (UC)     40mg/0.8ml Single-Dose     Prefilled Syringe      0.23mg	Take 5mg orally tv      Take 10mg orally tv      Take 11mg orally tv      Take 11mg orally tv      "Moderate and sever impairment reduce      Take one tablet      Induction Dose:     Maintenance Dose      Take 0.23mg once      Take 0.46mg once      Maintenance Dose      Maintenance Dose      Take 0.46mg once      Maintenance Dose      Maintenance Dose      Maintenance Dose      Maintenance Dose      Take 0.46mg once      Take 0.45	wice daily twice daily once daily ere renal impairment or moderate hepatic dose to 5mg once daily or 11mg once daily." t three times daily for 14 days Inject 160mg SC on day 1 and 80mg on day 15 use: Inject 40mg SC every other week starting on day 29 e daily on days 1-4 e daily on days 5-7	42 30	
□ XELJANZ <sup>®</sup> XR □ XIFAXAN <sup>®</sup> □ YUSIMRY <sup>™</sup>	I 10mg Tablet  22mg Tablet  12mg Tablet  11mg Tablet  5550mg Tablets  Ulcerative Colitis (UC)  40mg/0.8ml Single-Dose Prefilled Syringe  0.23mg 0.46mg	Take 5mg orally tv      Take 10mg orally tv      Take 11mg orally tv      Take 11mg orally tv      "Moderate and sever impairment reduce      Take one tablet      Induction Dose:     Maintenance Dose      Take 0.23mg once      Take 0.46mg once      Maintenance Dose      Maintenance Dose      Take 0.46mg once      Maintenance Dose      Maintenance Dose      Maintenance Dose      Maintenance Dose      Take 0.46mg once      Take 0.45	wice daily twice daily once daily ere renal impairment or moderate hepatic dose to 5mg once daily or 11mg once daily." t three times daily for 14 days Inject 160mg SC on day 1 and 80mg on day 15 see: Inject 40mg SC every other week starting on day 29 e daily on days 1-4 e daily on days 5-7 see:		
□ XELJANZ®XR □ XIFAXAN® □ YUSIMRY <sup>™</sup> □ ZEPOSIA®	<ul> <li>10mg Tablet</li> <li>22mg Tablet</li> <li>22mg Tablet</li> <li>11mg Tablet</li> <li>550mg Tablets</li> <li>Ulcerative Colitis (UC)</li> <li>40mg/0.8ml Single-Dose Prefilled Syringe</li> <li>0.23mg</li> <li>0.46mg</li> <li>0.92mg</li> </ul>	Take 5mg orally tu  Take 10mg orally tu  Take 11mg orally tu  Moderate and sever impairment reduce  Take one tablet  Induction Dose: Maintenance Dose Take 0.23mg once Take 0.46mg once Take 0.92mg oral	wice daily twice daily once daily ere renal impairment or moderate hepatic dose to 5mg once daily or 11mg once daily." t three times daily for 14 days Inject 160mg SC on day 1 and 80mg on day 15 use: Inject 40mg SC every other week starting on day 29 e daily on days 1-4 e daily on days 1-4 e daily on days 5-7 use: Ily once daily on day 8 and thereafter	30	
□ XELJANZ®XR □ XIFAXAN® □ YUSIMRY <sup>™</sup> □ ZEPOSIA®		Take 5mg orally tu Take 10mg orally tu Take 11mg orally tu Take 11mg orally tu Moderate and seve impairment reduce Take one tablet Induction Dose: Take 0.23mg once Take 0.46mg once Take 0.92mg oral to act as my designee for initia	wice daily twice daily once daily ere renal impairment or moderate hepatic dose to 5mg once daily or 11mg once daily." t three times daily for 14 days Inject 160mg SC on day 1 and 80mg on day 15 see: Inject 40mg SC every other week starting on day 29 e daily on days 1-4 e daily on days 5-7 see: Ily once daily on day 8 and thereafter	30	

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