

Pharmacy Name: Address: City/State/Zip: Phone: Fax: Email:

		Gastroenterd	ology Referral Forn	n		
			of Insurance Cards (Front & Back)**			
Last Name: First I		Name:	DOB:	Practice:		
Address:				Address:		
City:	State	: Zip:	Sex: M F	City: Sta	ate: Zip:	
Phone:		SSN#		Prescriber Name:		
	Insuran	ce Information		Prescriber NPI:		
Insurance Plan:		Insurance Plan:		Nurse/Key Contact:		
Policy #		Policy #		Phone:		
Plan I.D. #		Plan I.D. #		Fax:	Email:	
		Diganosis & (	Clinical Informatio			
	u Place At					
_		_	abs, Test, Supporting Primary Diag			
Crohn's Disease Diagnosis code:						
		nosis code: Allergies:				
Other:						
Currently received and/or prior filed therapies:						
Length of treatm	nent:					
Reason for disc	Reason for discontinuation: Site of Care: Home AIC Other:					
		Dunganin	Alam In Carrier and an			
		Prescrip	tion Information			
Medication	Dose/Strength	Prescrip	Directions		Refills	
				/ 8 weeks thereafter	Refills	
Medication  Entyvio (vedolizumab)	Dose/Strength  300mg vial	INITIAL: Infuse 300m	<b>Directions</b> g IV at week 0, 2, 6, then ever		Refills	
Entyvio		INITIAL: Infuse 300m MAINTENANCE: Infus	Directions g IV at week 0, 2, 6, then every se 300mg IV every w	reeks		
Entyvio (vedolizumab)		INITIAL: Infuse 300m MAINTENANCE: Infus	<b>Directions</b> g IV at week 0, 2, 6, then ever	reeks		
Entyvio (vedolizumab)  Inflectra (infliximab)	300mg vial	INITIAL: Infuse 300m MAINTENANCE: Infus INITIAL: Infuse	Directions g IV at week 0, 2, 6, then every se 300mg IV every w	reeks then every 8 weeks therea		
Entyvio (vedolizumab)		INITIAL: Infuse 300m MAINTENANCE: Infus INITIAL: Infuse	Directions  g IV at week 0, 2, 6, then every se 300mg IV every w mg/kg IV at week 0, 2, 6,	reeks then every 8 weeks therea		
Entyvio (vedolizumab)  Inflectra (infliximab)	300mg vial	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infuse  Other	Directions  g IV at week 0, 2, 6, then every se 300mg IV every w mg/kg IV at week 0, 2, 6, se mg/kg IV every	reeks then every 8 weeks therea	ifter	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade Renflexis	300mg vial	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infus  Other  Pharmacist will round	Directions  g IV at week 0, 2, 6, then every week 300mg IV every week 0, 2, 6, are mg/kg IV at week 0, 2, 6, are mg/kg IV every do to the nearest 100mg Gi	reeks then every 8 weeks therea weeks	ifter	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade	300mg vial	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infuse  Other  Pharmacist will round  INITIAL: Weight based	Directions  g IV at week 0, 2, 6, then every we see 300mg IV every we mg/kg IV at week 0, 2, 6, see mg/kg IV every d to the nearest 100mg Gill dosing, infuse IV	reeks then every 8 weeks therea weeks	ufter	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade Renflexis	300mg vial  100mg vial	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infus  Other  Pharmacist will round  INITIAL: Weight based  55kg or less: 2	Directions  g IV at week 0, 2, 6, then every se 300mg IV everywmg/kg IV at week 0, 2, 6, semg/kg IV every d to the nearest 100mg Gi I dosing, infuse IV 260mg (2 vials) 5 15kg: 520 mg (4 vials)	reeks then every 8 weeks therear weeks ve exact dose (do NOT rou  5kg to 85kg: 390mg (3 via)	infter und)	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade Renflexis	300mg vial	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infus  Other  Pharmacist will round  INITIAL: Weight based  55kg or less: 2	Directions  g IV at week 0, 2, 6, then every we see 300mg IV every we mg/kg IV at week 0, 2, 6, see mg/kg IV every d to the nearest 100mg Girld dosing, infuse IV 500mg (2 vials) 5	reeks then every 8 weeks therear weeks ve exact dose (do NOT rou  5kg to 85kg: 390mg (3 via)	infter und)	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade Renflexis  Stelara (ustekinumab)	300mg vial  100mg vial  130 mg / 26ml vial  90mg (2x 45mg vials)	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infuse  Other  Pharmacist will round  INITIAL: Weight based  55kg or less: 2  Greater than 8  MAINTENANCE: Inject	Directions  g IV at week 0, 2, 6, then every se 300mg IV everywmg/kg IV at week 0, 2, 6, semg/kg IV every d to the nearest 100mg Gi I dosing, infuse IV 260mg (2 vials) 5 15kg: 520 mg (4 vials)	reeks then every 8 weeks therear weeks ve exact dose (do NOT rou  5kg to 85kg: 390mg (3 via)	infter und)	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade Renflexis	300mg vial  100mg vial	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infuse  Other  Pharmacist will round  INITIAL: Weight based  55kg or less: 2  Greater than 8  MAINTENANCE: Inject  INITIAL: Infuse 600me	Directions  g IV at week 0, 2, 6, then everyw  se 300mg IV everyw  mg/kg IV at week 0, 2, 6, se mg/kg IV every  d to the nearest 100mg Gi  I dosing, infuse IV  260mg (2 vials) 5  15kg: 520 mg (4 vials)  1590mg SQ 8 weeks after initial	reeks then every 8 weeks therea weeks ve exact dose (do NOT rou  5kg to 85kg: 390mg (3 vial dose, then every 8 weeks t	und) uls)	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade Renflexis  Stelara (ustekinumab)  Skyrizi (risankizumab)	300mg vial  100mg vial  130 mg / 26ml vial  90mg (2x 45mg vials)  600mg / 10 ml vial	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infuse  Other  Pharmacist will round  INITIAL: Weight based  55kg or less: 2  Greater than 8  MAINTENANCE: Inject  INITIAL: Infuse 600me  MAINTENANCE: Inject	Directions  g IV at week 0, 2, 6, then every week 300mg IV every week 0, 2, 6, see week 0, 2, 6, see week 100mg Gild dosing, infuse IV 260mg (2 vials) 55kg: 520 mg (4 vials) 590mg SQ 8 weeks after initial g/10mL IV at week 0, 4, and 8 t 360mg/2.4ml SQ via injector	then every 8 weeks thereathen every 8 weeks we exact dose (do NOT rou  5kg to 85kg: 390mg (3 vial dose, then every 8 weeks the every 8 weeks 12, then every 8 weeks 12, the	und) uls) thereafter	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade Renflexis  Stelara (ustekinumab)  Skyrizi (risankizumab)  Pre-medication	300mg vial  100mg vial  130 mg / 26ml vial  90mg (2x 45mg vials)  600mg / 10 ml vial  & other medications	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infuse  Other  Pharmacist will round  55kg or less: 2  Greater than 8  MAINTENANCE: Inject  INITIAL: Infuse 600ms  MAINTENANCE: Inject  Acetaminophen	Directions  g IV at week 0, 2, 6, then everyw  se 300mg IV everyw mg/kg IV at week 0, 2, 6, semg/kg IV every  d to the nearest 100mg Gi  I dosing, infuse IV  260mg (2 vials) 5  55kg: 520 mg (4 vials)  190mg SQ 8 weeks after initial  g/10mL IV at week 0, 4, and 8  t 360mg/2.4ml SQ via injector  mg PO prior to infusior	then every 8 weeks therear weeks  ve exact dose (do NOT rou  5kg to 85kg: 390mg (3 vial dose, then every 8 weeks the every 8 weeks there every 8 weeks there every 8 weeks there every 8 weeks the every 8 weeks 10 weeks 10 weeks 10 weeks 10 weeks 10 weeks 10 weeks 1	und) uls) thereafter veeks thereafter	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade Renflexis  Stelara (ustekinumab)  Skyrizi (risankizumab)  Pre-medicatior * Infusion supp	300mg vial  100mg vial  130 mg / 26ml vial  90mg (2x 45mg vials)  600mg / 10 ml vial	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infuse  Other  Pharmacist will round  55kg or less: 2  Greater than 8  MAINTENANCE: Inject  INITIAL: Infuse 600m  MAINTENANCE: Inject  Acetaminophen  Diphenhydramine	Directions  g IV at week 0, 2, 6, then everyw  se 300mg IV everyw  mg/kg IV at week 0, 2, 6, se mg/kg IV every  d to the nearest 100mg Gi  I dosing, infuse IV 260mg (2 vials) 5 25kg: 520 mg (4 vials) 290mg SQ 8 weeks after initial g/10mL IV at week 0, 4, and 8 at 360mg/2.4ml SQ via injector  mg PO prior to infusior  mg PO IV	then every 8 weeks thereathen every 8 weeks we exact dose (do NOT rou  5kg to 85kg: 390mg (3 vial dose, then every 8 weeks the every 8 weeks 12, then every 8 weeks 12, the	infter  und)  thereafter  veeks thereafter  ol	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade Renflexis  Stelara (ustekinumab)  Skyrizi (risankizumab)  Pre-medicatior * Infusion supp	300mg vial  100mg vial  130 mg / 26ml vial  90mg (2x 45mg vials)  600mg / 10 ml vial  & other medications blies as per protocol	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infuse  Other  Pharmacist will round  55kg or less: 2  Greater than 8  MAINTENANCE: Inject  INITIAL: Infuse 600ms  MAINTENANCE: Inject  Acetaminophen	Directions  g IV at week 0, 2, 6, then everyw  se 300mg IV everyw  mg/kg IV at week 0, 2, 6, se mg/kg IV every  d to the nearest 100mg Gi  I dosing, infuse IV 260mg (2 vials) 5 25kg: 520 mg (4 vials) 290mg SQ 8 weeks after initial g/10mL IV at week 0, 4, and 8 at 360mg/2.4ml SQ via injector  mg PO prior to infusior  mg PO IV	then every 8 weeks thereathen every 8 weeks we exact dose (do NOT rou  5kg to 85kg: 390mg (3 vial dose, then every 8 weeks the every 8 weeks 12, then every 8 weeks 12 week 12, then every 8 weeks 12 week 13 week 13 weeks 14 week 15 weeks 15 weeks 16 weeks 16 weeks 16 weeks 16 weeks 17 weeks 18 weeks 19 weeks 18 week	infter  und)  thereafter  veeks thereafter  ol	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade Renflexis  Stelara (ustekinumab)  Skyrizi (risankizumab)  Pre-medicatior * Infusion supp	300mg vial  100mg vial  130 mg / 26ml vial  90mg (2x 45mg vials)  600mg / 10 ml vial  & other medications blies as per protocol	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infuse  Other  Pharmacist will round  55kg or less: 2  Greater than 8  MAINTENANCE: Inject  INITIAL: Infuse 600m  MAINTENANCE: Inject  Acetaminophen  Diphenhydramine	Directions  g IV at week 0, 2, 6, then everyw  se 300mg IV everyw  mg/kg IV at week 0, 2, 6, se mg/kg IV every  d to the nearest 100mg Gi  I dosing, infuse IV 260mg (2 vials) 5 25kg: 520 mg (4 vials) 290mg SQ 8 weeks after initial g/10mL IV at week 0, 4, and 8 at 360mg/2.4ml SQ via injector  mg PO prior to infusior  mg PO IV	then every 8 weeks thereathen every 8 weeks we exact dose (do NOT rou  5kg to 85kg: 390mg (3 vial dose, then every 8 weeks the every 8 weeks 12, then every 8 weeks 12 week 12, then every 8 weeks 12 week 13 week 13 weeks 14 week 15 weeks 15 weeks 16 weeks 16 weeks 16 weeks 16 weeks 17 weeks 18 weeks 19 weeks 18 week	infter  und)  thereafter  veeks thereafter  ol	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade Renflexis  Stelara (ustekinumab)  Pre-medication * Infusion supp * Anaphylaxis in	300mg vial  100mg vial  130 mg / 26ml vial  90mg (2x 45mg vials)  600mg / 10 ml vial  8 other medications olies as per protocol kit as per protocol	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infuse  Other  Pharmacist will round  INITIAL: Weight based  55kg or less: 2  Greater than 8  MAINTENANCE: Inject  INITIAL: Infuse 600m  MAINTENANCE: Inject  Acetaminophen  Diphenhydramine  250ml 0.9%NaCl for h	Directions  g IV at week 0, 2, 6, then every were as 300mg IV every were as 300mg IV every were mg/kg IV at week 0, 2, 6, as e mg/kg IV every dto the nearest 100mg  Gill dosing, infuse IV 260mg (2 vials)	then every 8 weeks thereathen every 8 weeks we exact dose (do NOT rou  5kg to 85kg: 390mg (3 vial dose, then every 8 weeks the every 8 weeks 12, then every 8 weeks 12 week 12, then every 8 weeks 12 week 13 week 13 weeks 14 week 15 weeks 15 weeks 16 weeks 16 weeks 16 weeks 16 weeks 17 weeks 18 weeks 19 weeks 18 week	infter  und)  thereafter  veeks thereafter  ol	
Entyvio (vedolizumab)  Inflectra (infliximab) Remicade Renflexis  Stelara (ustekinumab)  Pre-medication * Infusion supp * Anaphylaxis I	300mg vial  100mg vial  130 mg / 26ml vial  90mg (2x 45mg vials)  600mg / 10 ml vial  & other medications blies as per protocol	INITIAL: Infuse 300m  MAINTENANCE: Infuse  INITIAL: Infuse  MAINTENANCE: Infuse  Other  Pharmacist will round  55kg or less: 2  Greater than 8  MAINTENANCE: Inject  INITIAL: Infuse 600m  MAINTENANCE: Inject  Acetaminophen  Diphenhydramine  250ml 0.9%NaCl for h  Other	Directions  g IV at week 0, 2, 6, then everyw  se 300mg IV everyw mg/kg IV at week 0, 2, 6, semg/kg IV every  d to the nearest 100mg  Gi I dosing, infuse IV 260mg (2 vials)  55kg: 520 mg (4 vials) 190mg SQ 8 weeks after initial 19/10mL IV at week 0, 4, and 8 10/10mL IV at week 0, 4, and 8 10/10mL IV at week 0, 4 and 8 10/10mL IV	then every 8 weeks thereathen every 8 weeks we exact dose (do NOT rou  5kg to 85kg: 390mg (3 vial dose, then every 8 weeks the every 8 weeks 12, then every 8 weeks 12 week 12, then every 8 weeks 12 week 13 week 13 weeks 14 week 15 weeks 15 weeks 16 weeks 16 weeks 16 weeks 16 weeks 17 weeks 18 weeks 19 weeks 18 week	infter  und)  thereafter  veeks thereafter  ol	

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

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