Gastroenterology Enrollment Form A-S

Date:_

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Patient Name:____

Date of Birth: ____

TwelveStone Health Partners

Direct Phone: (615) 278-3350

Toll Free: (844) 893-0012



INFORMATION

Ship T	īo:				Injection Training Provided by:			
□ Patient					Prescriber's Office			
	hysician/Cl				Specialty Pharmacy			
	st Dose to I	Phys	ician/Clinic, Remaining	Refills to Patient				
DIAGNOSIS								
_		10	<u>.</u> .	DIAGI	NUSIS			
	ription/ICD							
			is due to Clostridium dif		20.0 Eosinophilic esophagitis			
	50 Cro	ohn's	disease	51 Ulcerative colitis				
	58.0 Irritabl	e Bo	wel Syndrome w/ Diarrl	hea 🛛 K	58.1 Irritable Bowel Syndrome w/ C	Constipation		
	72.9 Hepat	ic fai	lure, unspecified (Hepa	tic Encephalopathy) 🛛 O	ther:			
	CLINI	CAL	INFORMATION- (Ple	ease attach all clinical infor	rmation, lab results, and other n	nedical hist	ory doc	uments)
□ Patient Demographics □ Medical Card (front and back) □ Prescription Card (front and back) □ Clinic notes & labs (including Hepatitis B screen								
Last 4	Digits of S	ocial	:ТВТ	est Completed: 🛛 No 🖾 Ye	s Date of negative test:/	/	(Plea	se send copy of results
Pa	tient Weigh	nt.	ka/lbs	Height: in/cm	Allergies:			
	_		-	-	-			
	ntly Receiv r Prior Fail				azine 🗆 5-ASA 🗆 Azathio		Contrair	ndicated Medications:
Thera		eu			Biologics:			
			□ Other:				Reasor	ı.
			Length of Treatment:				T Casor	1.
Reason for Discontinuing or Adding Supplemental Tx:								
			Reason for Discontine	uing of Adding Supplemental	Tx:			
MEDI							пту	REFILLS
MEDI	ICATION		DOSE	DIRE	CTIONS	QUANT		REFILLS
			DOSE 200mg/ml PFS Starter Kit	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose	CTIONS 00mg injections) SQ at weeks 0, 2	QUANT 1 box (six 200mg	(REFILLS
	ICATION MZIA		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose	CTIONS	QUANT 1 box	(
	MZIA		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two	CTIONS Domg injections) SQ at weeks 0, 2 200mg injections) SQ every 4 weeks	QUANT 1 box (six 200mg 2	(0
	MZIA		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose	CTIONS Domg injections) SQ at weeks 0, 2 200mg injections) SQ every 4 weeks	QUANT 1 box (six 200mg	(
	MZIA		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg Pre-filled Pen	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week	CTIONS Domg injections) SQ at weeks 0, 2 200mg injections) SQ every 4 weeks aily for 10 days	QUANT 1 box (six 200mg 2 20	() PFS)	0
	MZIA FICID IPIXENT		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da	CTIONS Domg injections) SQ at weeks 0, 2 200mg injections) SQ every 4 weeks aily for 10 days	QUANT 1 box (six 200mg 2	< () PFS)	0
			DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I	CTIONS Domg injections) SQ at weeks 0, 2 200mg injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then	QUANT 1 box (six 200mg 2 20 20 1 box	< () PFS)	0
			DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen arter Kit for Crohn's/UC	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I maintenance dose	CTIONS Domg injections) SQ at weeks 0, 2 200mg injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then	QUANT 1 box (six 200mg 2 2 20 1 box (three 80mg	< () PFS)	0
	MZIA FICID IPIXENT IMIRA		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen arter Kit for Crohn's/UC 40mg/0.4ml CF Pens	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I maintenance dose Maintenance: Inject 40mg SQ e	CTIONS Domg injections) SQ at weeks 0, 2 200mg injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then every other week	QUANT 1 box (six 200mg 2 2 20 1 box (three 80mg	< () PFS)	0
	MZIA FICID IPIXENT IMIRA SRELA		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen arter Kit for Crohn's/UC 40mg/0.4ml CF Pens 40mg/0.4ml CF PFS	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I maintenance dose Maintenance: Inject 40mg SQ e Other:	CTIONS Domg injections) SQ at weeks 0, 2 200mg injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then every other week	QUANT 1 box (six 200mg 2 2 20 1 box (three 80mg	< () PFS)	0
	MZIA FICID IPIXENT IMIRA SRELA		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen arter Kit for Crohn's/UC 40mg/0.4ml CF Pens 40mg/0.4ml CF PFS	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I maintenance dose Maintenance: Inject 40mg SQ e Other:	CTIONS Domg injections) SQ at weeks 0, 2 200mg injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then every other week	QUANT 1 box (six 200mg 2 2 20 1 box (three 80mg	< () PFS)	0
	MZIA FICID IPIXENT IMIRA GRELA		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen arter Kit for Crohn's/UC 40mg/0.4ml CF Pens 40mg/0.4ml CF PFS 50mg Tablet	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I maintenance dose Maintenance: Inject 40mg SQ e Other:	CTIONS Domg injections) SQ at weeks 0, 2 200mg injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then every other week aily before meals bouth once daily for 8 weeks	QUANT 1 box (six 200mg 2 2 20 1 box (three 80mg	< () PFS)	0
	MZIA FICID IPIXENT IMIRA SRELA		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen arter Kit for Crohn's/UC 40mg/0.4ml CF Pens 40mg/0.4ml CF PFS 50mg Tablet 15mg Tablet 30mg Tablet 45mg Tablet 100mg/ml SmartJect	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I maintenance dose Maintenance: Inject 40mg SQ e Other:	CTIONS Domg injections) SQ at weeks 0, 2 Doug injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then every other week aily before meals bouth once daily for 8 weeks by mouth once daily for 12 weeks	QUANT 1 box (six 200mg 2 2 20 1 box (three 80mg	< () PFS)	0
	MZIA FICID IPIXENT IMIRA SRELA		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen arter Kit for Crohn's/UC 40mg/0.4ml CF PENs 40mg/0.4ml CF PFS 50mg Tablet 15mg Tablet 30mg Tablet 45mg Tablet 45mg Tablet	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I maintenance dose Maintenance: Inject 40mg SQ e Other:	CTIONS Domg injections) SQ at weeks 0, 2 Doug injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then every other week aily before meals bouth once daily for 8 weeks by mouth once daily for 12 weeks mg by mouth once daily week 0, then 100mg at week 2, then	QUANT 1 box (six 200mg 2 20 1 box (three 80mg 2 2 3	< () PFS)	0
	MZIA FICID IPIXENT IMIRA SRELA		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen arter Kit for Crohn's/UC 40mg/0.4ml CF Pens 40mg/0.4ml CF PES 50mg Tablet 15mg Tablet 15mg Tablet 15mg Tablet 100mg/ml SmartJect Autoinjector 100mg/ml PFS	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I maintenance dose Maintenance: Inject 40mg SQ e Other:	CTIONS Domg injections) SQ at weeks 0, 2 200mg injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then every other week aily before meals bouth once daily for 8 weeks boy mouth once daily for 12 weeks boy week 0, then 100mg at week 2, then every 4 weeks	QUANT 1 box (six 200mg 2 20 20 1 box (three 80mg 2 2 1 3 1 3 1	() PFS) () Pens) ()) () ()) () ()) ()) ()) ()) ()) ()) () ()) ()) () ()) ()) () () () () () () () () () () () () () () () ()) ()) () ()) ()) ()) ()) ()) ()) ())) ())) ()) ()) ())) ())) ())))	0
	MZIA FICID IPIXENT IMIRA SRELA NVOQ MPONI		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen arter Kit for Crohn's/UC 40mg/0.4ml CF PENS 40mg/0.4ml CF PFS 50mg Tablet 15mg Tablet 15mg Tablet 100mg/ml SmartJect Autoinjector 100mg/ml PFS by signing below, I certify	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I maintenance dose Maintenance: Inject 40mg SQ e Other:	CTIONS Domg injections) SQ at weeks 0, 2 Doug injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then every other week aily before meals bouth once daily for 8 weeks by mouth once daily for 12 weeks mg by mouth once daily week 0, then 100mg at week 2, then	QUANT 1 box (six 200mg 2 20 1 box (three 80mg 2 2 1 box (three 80mg 2 3 1 ature (SIGN	() PFS) () Pens) () BELOW)	0
	MZIA FICID IPIXENT IMIRA SRELA NVOQ MPONI		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen arter Kit for Crohn's/UC 40mg/0.4ml CF PENS 40mg/0.4ml CF PFS 50mg Tablet 15mg Tablet 15mg Tablet 100mg/ml SmartJect Autoinjector 100mg/ml PFS by signing below, I certify	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I maintenance dose Maintenance: Inject 40mg SQ e Other:	CTIONS Domg injections) SQ at weeks 0, 2 Domg injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then every other week aily before meals bouth once daily for 8 weeks by mouth once daily for 12 weeks by mouth once daily for 12 weeks by mouth once daily for 12 weeks by mouth once daily for 2 weeks by mouth once daily for 2 weeks by week 0, then 100mg at week 2, then every 4 weeks dically necessary. Prescriber's Sign	QUANT 1 box (six 200mg 2 20 1 box (three 80mg 2 2 1 box (three 80mg 2 3 1 ature (SIGN	() PFS) () Pens) () BELOW)	0
	MZIA FICID IPIXENT IMIRA SRELA NVOQ MPONI		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen arter Kit for Crohn's/UC 40mg/0.4ml CF PENS 40mg/0.4ml CF PFS 50mg Tablet 15mg Tablet 15mg Tablet 100mg/ml SmartJect Autoinjector 100mg/ml PFS by signing below, I certify	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I maintenance dose Maintenance: Inject 40mg SQ e Other:	CTIONS Domg injections) SQ at weeks 0, 2 Domg injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then every other week aily before meals bouth once daily for 8 weeks by mouth once daily for 12 weeks by mouth once daily for 12 weeks composerve as my prior authorization agent with means betweek	QUANT 1 box (six 200mg 2 20 1 box (three 80mg 2 2 1 box (three 80mg 2 3 1 ature (SIGN	() PFS) () Pens) () BELOW)	0
	MZIA FICID IPIXENT IMIRA SRELA NVOQ MPONI By signing t se as Written:_		DOSE 200mg/ml PFS Starter Kit 200mg/ml PFS 200mg LYO Powder Vial 200mg Tablet 300mg PFS 300mg Pre-filled Pen 80mg/0.8ml CF Pen arter Kit for Crohn's/UC 40mg/0.4ml CF Pens 40mg/0.4ml CF PFS 50mg Tablet 15mg Tablet 15mg Tablet 100mg/ml SmartJect Autoinjector 100mg/ml PFS ty signing below, I certify m and utilizing our services, I	DIRE Induction: Inject 400mg (two 20 and 4, then maintenance dose Maintenance: Inject 400mg(two Take 1 tablet by mouth twice da Inject 300mg SQ every week Induction: Inject 160mg SQ on I maintenance dose Maintenance: Inject 40mg SQ e Other:	CTIONS Domg injections) SQ at weeks 0, 2 Domg injections) SQ every 4 weeks aily for 10 days Day 1, 80mg on Day 15, then every other week aily before meals bouth once daily for 8 weeks by mouth once daily for 12 weeks by mouth once daily for 12 weeks composerve as my prior authorization agent with means betweek	QUANT 1 box (six 200mg 2 20 1 box (three 80mg 2 3 3 1 ature (S/GN) edical and phan	(PFS) PFS) Pens) BELOW) macy insura	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Gastroenterology Enrollment Form X - Z

Date:_

Patient Name:

Date of Birth: ____

TwelveStone Health Partners

Direct Phone: (615) 278-3350

Toll Free: (844) 893-0012



Date:

			INFORMATION								
Ship To:			Injection Training P	rovided by:							
 Patient Physician/0 1st Dose to 		ician/Clinic, Remaining	Refills to Patient								
DIAGNOSIS											
 A04.7 Enter K50 C K58.0 Irrital K72.9 Hepa 	Description/ICD-10 Code: A04.7 Enterocolitis due to Clostridium difficile K20.0 Eosinophilic esophagitis K50 Crohn's disease K51 Ulcerative colitis K58.0 Irritable Bowel Syndrome w/ Diarrhea K58.1 Irritable Bowel Syndrome w/ Constipation K72.9 Hepatic failure, unspecified (Hepatic Encephalopathy) Other:										
						patitis B screening)					
Last 4 Digits of	Social	: ТВТ	est Completed: 🗆 No 🗆 Yes Date of negative	test:///////	(Plea	se send copy of results)					
Patient Weig	ht:	kg/lbs	Height: in/cm Allergies:								
Currently Rece and/or Prior Fa Therapies:		 Corticosteroids Other: Length of Treatment: 	Aethotrexate □ Sulfasalazine □ 5-ASA □ Azathioprir □ Mercaptopurine □ Biologics: uing or Adding Supplemental Tx:								
MEDICATION		DOSE	DIRECTIONS	QUAN	ΤΙΤΥ	REFILLS					
XELJANZ XELJANZ XR		10mg Tablet 5mg Tablet 22mg Tablet 11mg Tablet	Induction: Take 10mg by mouth twice daily for 8 weeks Maintenance: Take 5mg by mouth twice daily Induction: Take 22mg by mouth once daily for 8 weeks Maintenance: Take 11mg by mouth once daily Other:			1					
		550mg Tablet	Take 1 tablet by mouth twice daily Take 1 tablet by mouth three times daily for 14 days Other:	42	2						
		7 Day Starter Pack 37 Day Starter Pack 0.92mg Capsule	Titration: Take 0.23mg by mouth daily on Days 1-4, tak on Days 5-7, and 0.92mg daily thereafter Maintenance: Take 1 capsule (0.92mg) by mouth daily	e 0.46mg daily							
By signing			that the above therapy is medically necessary. Pre am also authorizing TwelveStone to serve as my prior authorization			ance providers.					

Printed Name:__ Substitution Allowed:

The information contained in this facsimile may be confidential and is intended solely for the use of the named recipient(s). Access, copying or re-use of the facsimile or any information contained therein by any other person is not authorized. If you are not the intended recipient, please notify us immediately by calling 615-895-0186 or faxing back to the originator.

Dispense as Written:_