Gastroenterology Enrollment Form A-S

Date: _____

Patient Name: _____

Date of Birth: _____

TwelveStone Health Partners

Fax Referral To: (800) 223-4063

Direct Phone: (615) 278-3350

Toll Free: (844) 893-0012

INFORMATION

Ship To:	Injection Training Provided by:
☐ Patient ☐ Physician/Clinic ☐ 1st Dose to Physician/Clinic, Remaining Refills to Patient	☐ Prescriber's Office ☐ Specialty Pharmacy ☐ Manufacturer ☐ Other: _____

DIAGNOSIS

Description/ICD-10 Code:

☐ A04.7 Enterocolitis due to Clostridium difficile

☐ K50. ___ Crohn's disease

☐ K58.0 Irritable Bowel Syndrome w/ Diarrhea

☐ K72.9 Hepatic failure, unspecified (Hepatic Encephalopathy)

☐ K20.0 Eosinophilic esophagitis

☐ K51. ___ Ulcerative colitis

☐ K58.1 Irritable Bowel Syndrome w/ Constipation

☐ Other: _____

CLINICAL INFORMATION- *(Please attach all clinical information, lab results, and other medical history documents)*

☐ Patient Demographics ☐ Medical Card (front and back) ☐ Prescription Card (front and back) ☐ Clinic notes & labs (including Hepatitis B screening)

Last 4 Digits of Social: _____ TB Test Completed: ☐ No ☐ Yes Date of negative test: _____/_____/_____ (Please send copy of results)

Patient Weight: _____ kg/lbs Height: _____ in/cm Allergies: _____

Currently Receiving and/or Prior Failed Therapies:

☐ NSAIDS ☐ Methotrexate ☐ Sulfasalazine ☐ 5-ASA ☐ Azathioprine

☐ Corticosteroids ☐ Mercaptopurine ☐ Biologics: _____

☐ Other: _____

Length of Treatment: _____

Reason for Discontinuing or Adding Supplemental Tx: _____

Contraindicated Medications:

Reason:

MEDICATION	DOSE	DIRECTIONS	QUANTITY	REFILLS
☐ CIMZIA	☐ 200mg/ml PFS Starter Kit	Induction: Inject 400mg (two 200mg injections) SQ at weeks 0, 2 and 4, then maintenance dose	1 box (six 200mg PFS)	0
	☐ 200mg/ml PFS	Maintenance: Inject 400mg(two 200mg injections) SQ every 4 weeks	2	
	☐ 200mg LYO Powder Vial			
☐ DIFICID	☐ 200mg Tablet	Take 1 tablet by mouth twice daily for 10 days	20	0
☐ DUPIXENT	☐ 300mg PFS ☐ 300mg Pre-filled Pen	Inject 300mg SQ every week		
☐ HUMIRA	☐ 80mg/0.8ml CF Pen Starter Kit for Crohn's/UC	Induction: Inject 160mg SQ on Day 1, 80mg on Day 15, then maintenance dose	1 box (three 80mg Pens)	0
	☐ 40mg/0.4ml CF Pens	Maintenance: Inject 40mg SQ every other week	2	
	☐ 40mg/0.4ml CF PFS	Other: _____		
☐ IBSRELA	☐ 50mg Tablet	Take 1 tablet by mouth twice daily before meals		
☐ RINVOQ	☐ 15mg Tablet	UC Induction: Take 45mg by mouth once daily for 8 weeks Crohn's Induction: Take 45mg by mouth once daily for 12 weeks Maintenance: Take _____ mg by mouth once daily		
	☐ 30mg Tablet			
	☐ 45mg Tablet			
☐ SIMPONI	☐ 100mg/ml SmartJect Autoinjector	Induction: Inject 200mg SQ at week 0, then 100mg at week 2, then maintenance dose	3	
	☐ 100mg/ml PFS	Maintenance: Inject 100mg SQ every 4 weeks	1	

By signing below, I certify that the above therapy is medically necessary. Prescriber's Signature *(SIGN BELOW)*

By signing this form and utilizing our services, I am also authorizing TwelveStone to serve as my prior authorization agent with medical and pharmacy insurance providers.

Dispense as Written: _____ Printed Name: _____ Substitution Allowed: _____ Date: _____

Gastroenterology
Enrollment Form X - Z

Date: _____

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☐ Corticosteroids ☐ Mercaptopurine ☐ Biologics: _____
☐ Other: _____
Length of Treatment: _____
Reason for Discontinuing or Adding Supplemental Tx: _____

Contraindicated Medications:

Reason:

MEDICATION	DOSE	DIRECTIONS	QUANTITY	REFILLS
☐ XELJANZ	☐ 10mg Tablet	Induction: Take 10mg by mouth twice daily for 8 weeks		1
	☐ 5mg Tablet	Maintenance: Take 5mg by mouth twice daily		
☐ XELJANZ XR	☐ 22mg Tablet	Induction: Take 22mg by mouth once daily for 8 weeks		1
	☐ 11mg Tablet	Maintenance: Take 11mg by mouth once daily		
		Other: _____		
☐ XIFAXAN	☐ 550mg Tablet	Take 1 tablet by mouth twice daily		
		Take 1 tablet by mouth three times daily for 14 days	42	
		Other: _____		
☐ ZEPOSIA	☐ 7 Day Starter Pack	Titration: Take 0.23mg by mouth daily on Days 1-4, take 0.46mg daily on Days 5-7, and 0.92mg daily thereafter		
	☐ 37 Day Starter Pack			
	☐ 0.92mg Capsule	Maintenance: Take 1 capsule (0.92mg) by mouth daily		

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