



Crohn's & Ulcerative Colitis Enrollment Form

3502 U.S. Highway 9, Howell, N.J. 07731 | www.parkwaysp.com | Email: intake@parkwaysp.com | Phone: 1-866-355-7797 | Fax: 1-888-551-6289

PATIENT INFORMATION

Name:	Date of Birth:	<input type="radio"/> Male	<input type="radio"/> Female
Address:	City:	State:	Zip:
Phone:	Alt Phone:	Email:	
SS #:	Primary Language:	Emergency Contact:	

PRESCRIBER INFORMATION

Prescribing Practitioner:	NPI#:
Supervising Physician:	NPI#:
Address:	City: State: Zip: Tax ID:
Phone:	Fax: Office Contact:

PRESCRIPTION INFORMATION

Needs by Date:	Ship to: <input type="radio"/> Patients home <input type="radio"/> Prescriber 1st order only <input type="radio"/> Prescriber all orders <input type="radio"/> Other		
Drug	Dose	Direction & Quantities	Refills
<input type="radio"/> Cimzia	<input type="radio"/> Pre-filled Syringe <input type="radio"/> Vials	<input type="radio"/> INITIAL: Inject 400 mg subcutaneously on day 1, 14, and 28 (Qty: 6) <input type="radio"/> MAINTENANCE: Inject 400 mg subcutaneously every 4 weeks (Qty: 2)	
<input type="radio"/> Entyvio	<input type="radio"/> Vials	<input type="radio"/> INITIAL: Infuse 300 mg intravenously over 30 minutes at Day 0, 14, and 42 (Qty: 3) <input type="radio"/> MAINTENANCE: Infuse 300 mg intravenously over 30 minutes every 8 weeks after the Initial dosage is completed (Qty: 1)	
<input type="radio"/> Humira <input type="radio"/> Humira CF	<input type="radio"/> Crohn's Starter Kit <input type="radio"/> Pen <input type="radio"/> Pre-filled Syringe	<input type="radio"/> INITIAL: Inject 160 mg subcutaneously on day 1, then 80 mg on day 14 (1 Kit) <input type="radio"/> MAINTENANCE: Inject 40 mg subcutaneously every other week (Qty: 2)	
<input type="radio"/> Inflectra <input type="radio"/> Remicade <input type="radio"/> Renflexis	<input type="radio"/> Vials	<input type="radio"/> INITIAL: Infuse _____mg on day 0, 14, and 42 (Qty: _____) <input type="radio"/> MAINTENANCE: Infuse _____mg every 8 weeks (Qty: _____) Weight: _____ kg/lbs	
<input type="radio"/> Rinvoq	<input type="radio"/> Tablets	<input type="radio"/> INITIAL: Take one 45mg tablet daily for 8 weeks (Qty 28) <input type="radio"/> MAINTENANCE: Take one 15mg tablet daily (Qty 30) <input type="radio"/> Take one 30mg tablet daily for patents with refractory, severe or extensive disease. (Qty 30)	
<input type="radio"/> Simponi	<input type="radio"/> SmartJect® (Pen) <input type="radio"/> Pre-filled Syringe	<input type="radio"/> INITIAL: Inject 200 mg subcutaneously on day 1, then 100 mg on day 14 (Qty: 3) <input type="radio"/> MAINTENANCE: Inject 100 mg subcutaneously every 4 weeks (Qty: 1)	
<input type="radio"/> Skyrizi®	<input type="radio"/> 600 mg/10 mL Vial <input type="radio"/> 360 mg/2.4 mL Pre-filled cartridge via On-Body Injector	<input type="radio"/> INITIAL: Infuse 600 mg via IV at week 0, 4, and 8 (Quantity: 1 with 2 refills) <input type="radio"/> MAINTENANCE: Inject 360 mg SQ 4 weeks after final initial dose (week 12), then every 8 weeks thereafter (Quantity: 1)	
<input type="radio"/> Stelara	<input type="radio"/> 130mg/26mL Vials <input type="radio"/> Pre-filled Syringe 90mg <input type="radio"/> Vials 45 mg	<input type="radio"/> Initial Adult Intravenous Dosage: A single intravenous infusion using weight-based dosing: Up to 55kg=260 mg (2 Vials), 55kg to 85kg = 390 mg (3 Vials), >85kg=520 mg (4 Vials) <input type="radio"/> MAINTENANCE: Inject subcutaneously 90 mg 8 weeks after initial dose, then every 8 weeks thereafter (1 Syringe)	
<input type="radio"/> Xeljanz	<input type="radio"/> 5 mg <input type="radio"/> 10 mg	<input type="radio"/> INITIAL: 10 mg twice daily for at least 8 weeks <input type="radio"/> MAINTENANCE: 5 to 10 mg twice daily. Discontinue after 16 weeks of 10 mg twice daily, if adequate therapeutic benefit is not achieved. Use the lowest effective dose to maintain response.	

MEDICAL INFORMATION

** PLEASE FAX COPY OF PRESCRIPTION MEDICATION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY **

<input type="radio"/> K50.00 Crohn's Disease of the Small Intestine without Complications	<input type="radio"/> K51.50 Left-sided Ulcerative Colitis without Complications
<input type="radio"/> K50.10 Crohn's Disease of the Large Intestine without Complications	<input type="radio"/> K51.80 Other Ulcerative Colitis without Complications
<input type="radio"/> K50.80 Crohn's Disease of Both Intestines without Complications	<input type="radio"/> K51.90 Ulcerative Colitis, Unspecified without Complications
<input type="radio"/> K50.90 Crohn's Disease Unspecified without Complications	
<input type="radio"/> Patient is steroid dependent	Hep B is ruled out / treated: <input type="radio"/> Yes <input type="radio"/> No
Allergies: _____	Active TB is ruled out: <input type="radio"/> Yes <input type="radio"/> No
	Date: ____/____/____

PRESCRIBING PRACTITIONER SIGNATURE

To Prescribing Practitioner: By signing this form and utilizing our services, you are also authorizing Parkway Pharmacy to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Prescribing Practitioner: _____ Date _____

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Faxed Prescriptions will only be accepted from a prescribing practitioner.