CORNERSTONE Health Solutions

Crohn's/Ulcerative Colitis Enrollment Form

Specialty Pharmacy Fax: **1-781-805-8245**
Specialty Pharmacy Phone: **1-844-319-7588**

① PATIENT INFORMATION

Patient Name			Date of Birth
Address			Primary Phone
City	State		Alternate Phone
Zip Code	Gender		Email
	Male	Female	
Primary Language			

② PRESCRIBER INFORMATION

Prescriber's Name	License #
DEA #	NPI #
Group or Hospital Name	Contact Person
Address	Phone
City, State, Zip Code	Fax

③ INSURANCE INFORMATION

Please fax copy of prescription and insurance cards with applicable pre-authorization approvals with this form, if available.

④ MEDICAL INFORMATION

Diagnosis – Please include diagnosis name with ICD-10 code
☐ K50.00 Crohn's disease of small intestine without complications
☐ K50.10 Crohn's disease of large intestine without complications
☐ K50.80 Crohn's disease of small & large intestine without complications
☐ K50.90 Crohn's disease, unspecified, without complications
☐ K51.0 Ulcerative pancolitis
☐ K51.5 Left-sided colitis
☐ K51.8 Other ulcerative colitis
☐ K51.9 Ulcerative colitis, unspecified
☐ Other diagnosis: ICD-10 code: _____
Description: _____ Date of diagnosis: _____

⑤ ADDITIONAL INFORMATION

Therapy: ☐ New ☐ Refill ☐ Restart
Weight: _____ kg/lb Height: _____ cm/in
Allergies: _____
Has a TB test been performed? ☐ Yes ☐ No
Does the patient have an active infection? ☐ Yes ☐ No
Patient is interested in patient support programs? ☐ Yes ☐ No
Injection training needed? ☐ Yes ☐ No
Ship to: ☐ Patient ☐ MD office ☐ Infusion clinic
Need by date: _____

⑥ PRESCRIPTION INFORMATION

Medication	Dose/Strength	Directions	Quantity	Refills
☐ Cimzia®	☐ Cimzia Starter Kit	☐ Induction dose: Inject 400mg SC once on day 1 then repeat at weeks 2 and 4	1 kit	0
	☐ 200mg/ml prefilled syringe ☐ 200mg/ml vial	☐ Maintenance dose: Inject 400mg SC once every 4 weeks		
☐ Entyvio®	☐ 300mg vial	☐ Induction dose: Infuse 300mg IV over 30 minutes at weeks 0, 2 and 6 ☐ Maintenance dose: Infuse 300mg IV over 30 minutes every 8 weeks		
☐ Humira®	☐ Humira Crohn's Starter Kit ☐ Humira Crohn's Starter Kit (citrate free)	☐ Induction dose: Inject 160mg SC on day 1 then 80mg on day 15	1 kit	0
	☐ 40mg/0.4ml pen (citrate free) ☐ 40mg/0.4ml syringe (citrate free) ☐ 40mg/0.8ml pen ☐ 40mg/0.8ml syringe	☐ Maintenance dose: Inject 40mg SC every other week starting day 29		
☐ Inflectra®	☐ 100mg vial	☐ Induction dose: Infuse IV at 5mg/kg over at least 2 hours at weeks 0, 2 and 6 ☐ Maintenance dose: Infuse IV at 5mg/kg over at least 2 hours every 8 weeks ☐ Other: _____		
☐ Remicade®	☐ 100mg vial	☐ Induction dose: Infuse IV at 5mg/kg over at least 2 hours at weeks 0, 2 and 6 ☐ Maintenance dose: Infuse IV at 5mg/kg over at least 2 hours every 8 weeks ☐ Other: _____		
☐ Simponi®	☐ 100mg/ml SmartJect prefilled autoinjector ☐ 100mg/ml prefilled syringe	☐ Induction dose: Inject 200mg SC at week 0 then 100mg at week 2 ☐ Maintenance dose: Inject 100mg SC every 4 weeks		
☐ Stelara®	☐ 130mg/26ml (5mg/ml) vial	Induction dose: ☐ ≤55kg: Infuse 260mg IV over at least 1 hour as a single dose ☐ 55-85kg: Infuse 390mg IV over at least 1 hour as a single dose ☐ >85kg: Infuse 520mg IV over at least 1 hour as a single dose ☐ Other: _____	☐ 2 vials ☐ 3 vials ☐ 4 vials ☐ _____	0
	☐ 90mg/ml prefilled syringe	☐ Maintenance dose: Inject 90mg SC every 8 weeks		

*Ancillary supplies provided as needed for administration

STAMP SIGNATURE NOT ALLOWED

X _____ X _____
SUBSTITUTION ALLOWED (Date) DISPENSE AS WRITTEN (Date)