Gastroenterology Enrollment Form A-S TwelveStone Health Partners

Date: ______________________

Patient Name: ______________________

Date of Birth: ______________________

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012

Email: intake@12stonehealth.com

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			
☐ 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		
	☐ 30mg Tablet	Crohn's Induction: Take 45mg by mouth once daily for 12 weeks		
	☐ 45mg Tablet	Maintenance: Take __________ mg by mouth once daily		
☐ 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, I am authorizing TwelveStone Health Partners and affiliates to serve as my designated agent in submitting prior authorizations and other clinically required information to payors with respect to this patient and prescription order. This enrollment form shall serve as my signature for prior authorizations, as requested.

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

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.

Gastroenterology Enrollment Form X - Z

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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: ______________________		
☐ 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		
☐ ZYMFENTRA	☐ 120mg PFS ☐ 120mg PFS with needle guard ☐ 120mg Pen	Following Infliximab IV induction regimen and starting at Week 10, inject 120mg SQ once every 2 weeks		

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