

Gastroenterology Enrollment Form

Phone: 602-971-6950 / 877-971-3001

Fax: 877-552-5698



An AleraCare Company A Healthcare Solutions Company

Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.

Physician Information			
Prescriber Name:			<input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> NP <input type="radio"/> PA
Office Contact:		Practice Name / Supervising MD:	
Address:		City:	
State:	Zip:	Phone:	Fax:

Patient Information PLEASE SEND COPY OF INSURANCE CARD							
Patient's Name:	Last 4 Digits of SS#:	DOB: / /	Sex: <input type="radio"/> M <input type="radio"/> F	Weight:	Height:	Diabetic: Y N	
Address:	City:	State:	Zip:	Allergies:			
Home Phone:	Work Or Cell:	HIPAA Contact:		Emergency #:	Interpreter Needed? Y N		

Insurance Information			
Primary Insurance:	Policy ID:	Group #:	
Policyholder Name:	Policyholder DOB:	BIN:	PCN:

Clinical Information PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES			
ICD-10/Diagnosis Code:	Crohn's Disease: <input type="radio"/> K50.0 (Crohn's of the Small Intestine) <input type="radio"/> K50.1 (Crohn's of the Large Intestine) <input type="radio"/> K50.8 (Crohn's of Both Intestines) <input type="radio"/> K50.9 (Crohn's, Unspecified)		
Ulcerative Colitis: <input type="radio"/> K51.0 (Ulcerative Pancolitis) <input type="radio"/> K51.2 (Ulcerative Procolitis) <input type="radio"/> K51.3 (Ulcerative Rectosigmoiditis) <input type="radio"/> K51.5 (Left Sided Colitis) <input type="radio"/> K51.8 (Other Ulcerative Colitis)			
<input type="radio"/> K51.9 (Ulcerative Colitis, Unspecified) <input type="radio"/> K58.0 (Irritable Bowel Syndrome with Diarrhea) <input type="radio"/> Other:			
Date of Diagnosis: / /	Date of Negative TB Test: / /	Any prior treatment? <input type="radio"/> Yes <input type="radio"/> No (provide information below)	
Prior Therapy		Reason for Discontinuation of Therapy	

Prescription Information			
Medication	Quantity/Strength	Sig	Refills
<input type="radio"/> CIMZIA® <input type="radio"/> PFS <input type="radio"/> Vials	<input type="radio"/> Prefilled Syringe Starter Kit (6x200mg/ml) <input type="radio"/> 1 carton (2x200mg/ml)	<input type="radio"/> Starter Dose: Inject 400mg SQ at weeks 0, 2, and 4 <input type="radio"/> Maintenance Dose: Inject 400mg SQ every 4 weeks <input type="radio"/> Maintenance Dose: Inject 200mg SQ every 2 weeks	
<input type="radio"/> HUMIRA® <input type="radio"/> Pen <input type="radio"/> PFS	Pens Only: <input type="radio"/> Starter Kit (6x40mg/0.8ml) <input type="radio"/> Citrate Free Starter Kit (3x80mg/0.8ml) <input type="radio"/> 1 carton (2x40mg/0.8ml) <input type="radio"/> Citrate Free 1 carton (2x40mg/0.4ml)	Starter Dose (children ≥ 40kg and adults): <input type="radio"/> Inject 160mg SQ on day 1, then 80mg on day 15, then begin maintenance dosing on day 29 <input type="radio"/> Inject 80mg SQ on days 1 and 2, then 80mg on day 15, then begin maintenance dosing on day 29 <input type="radio"/> Maintenance Dose: Inject 40mg SQ every 14 days	No Refills
<input type="radio"/> HUMIRA® (Pediatric)	Starter Kit: <input type="radio"/> 1 carton (3x80mg/0.8mL PFS) <input type="radio"/> 1 carton (1x80mg/0.8mL + 1x40mg/0.4mL PFS) <input type="radio"/> 1 carton (2x20mg/0.2mL PFS) <input type="radio"/> 1 carton (2x40mg/0.4mL PFS) <input type="radio"/> 1 carton (2x40mg/0.4mL PEN)	Starter Dose: Weight 17-39kg: <input type="radio"/> Inject 80mg SQ on day 1, then 40mg on day 15, then begin maintenance dosing on day 29 Weight ≥ 40kg: <input type="radio"/> Inject 160mg on day 1, then 80mg on day 15, then begin maintenance dosing on day 29 <input type="radio"/> Inject 80mg SQ on days 1 and 2, then 80mg on day 15, then begin maintenance dosing on day 29 Maintenance Dose: <input type="radio"/> Inject 20mg SQ every 14 days <input type="radio"/> Inject 40mg SQ every 14 days	No Refills
<input type="radio"/> SIMPONI® <input type="radio"/> SmartJect <input type="radio"/> PFS	<input type="radio"/> 1 carton (1x50mg/0.5ml PFS) <input type="radio"/> 1 carton (1x100mg/ml PFS) <input type="radio"/> 1 carton (1x50mg/0.5ml Autoinjector) <input type="radio"/> 1 carton (1x100mg/ml Autoinjector)	<input type="radio"/> Starter Dose: Inject 200 mg SQ at week 0; then 100 mg at week 2 <input type="radio"/> Maintenance Dose: Inject 100mg SQ every 4 weeks, starting at week 6	
<input type="radio"/> STELARA®	<input type="radio"/> 1 carton (1x45mg/0.5ml PFS) <input type="radio"/> 1 carton (1x90mg/ml PFS)	Maintenance Dose: <input type="radio"/> Inject 0.5ml (45mg) SQ 8 weeks after infusion, then every 8 weeks thereafter <input type="radio"/> Inject 1ml (90mg) SQ 8 weeks after infusion, then every 8 weeks thereafter	
<input type="radio"/> XELJANZ®	<input type="radio"/> 10mg tablets (60 Tablets) <input type="radio"/> 5mg tablets (30 day supply) <input type="radio"/> 10mg tablets (30 day supply)	<input type="radio"/> Starter Dose: Take 10mg by mouth twice daily for ____ weeks <input type="radio"/> Maintenance Dose: Take 1 tablet by mouth two times a day	No Refills
<input type="radio"/> XIFAXAN®	<input type="radio"/> 200mg tablet <input type="radio"/> 550mg tablet	<input type="radio"/> Take 1 tablet by mouth 2 times a day for ____ days <input type="radio"/> Take 1 tablet by mouth 3 times a day for ____ days	

Injection Training		
<input type="radio"/> Patient received pens and injection training	<input type="radio"/> Physician's office to provide injection training	<input type="radio"/> VascoRx to coordinate injection training or infusion

By signing this form and utilizing our services, you are authorizing VascoRx and its employees to serve as your prior authorization agent in dealing with medical and prescription insurance companies and copay assistance foundation.

Physician Signature:	Date	Physician Signature:	Date
Substitution Permitted		Dispense as Written	

Important Notice: This information is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addressee you should not disseminate, distribute or copy the information contained in this correspondence. Please notify the sender immediately if you received this document in error and then destroy this document immediately.