CEDRA

CROHN'S DISEASE/GASTRO

REFERRAL FORM

FAX: 888.889.7129
TOLL FREE: 844.233.7279
CEDRASPECIALTY.COM

PATIENT INFORMATION

Patient Name: DOB: Preferred Phone:

SSN#: Language: English Other

Address: Sex: Male Female Height: Weight: lbs kg

City: State: Zip: Known Allergies:

*** PLEASE FAX FRONT/BACK COPY OF PHARMACY BENEFIT CARD, MEDICAL INSURANCE CARD, NOTES, LABS & TESTS WITH THE PRESCRIPTION TO EXPEDITE PROCESSING ***

PRESCRIBER INFORMATION

Prescriber Name: DEA#: NPI#: Tax ID#:

Address: Phone: E-mail:

City: State: Zip: Key Contact: Phone: Fax:

STATUS UPDATE PREFERENCE: Phone Text Fax E-mail:

DIAGNOSIS/CLINICAL INFORMATION

ICD-10 Code:

History: Has the patient been treated previously for this condition? Yes No

NSAIDS	Duration	Sulfasalazine	Duration	Corticosteroid	Duration
MTX	Duration	5-ASA (5-Aminosalicylates)	Duration	6-MP (6-Mercaptopurine)	Duration
Biologics	Duration	Azathioprine	Duration	Other	Duration

Is the patient currently on any therapy? Yes No List Meds:

Will patient stop taking meds before starting the new med? Yes No

How long will the patient wait before starting the new med?

Other meds patient is on?

What type of TB test did patient receive. PDD QFT-G Results:

Gallbladder removal?* Yes No Hepatic impairment?* Yes No Child-Pugh class:*

*Pertains only to VIBERZI™ prescriptions

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	SIG	QTY.	REFILLS
CIMZIA®	200x2 Prefilled Syringe	Starter Kit: Inject 400 mg SC at weeks 0, 2 and 4. Inject 400 mg SC once every 4 weeks.	4-week supply	
DIFICID®	200 mg Tablets	One 200 mg tablet orally twice daily for 10 days with or without food.	10-day supply	
DONNATAL	Tablets DAW	One or two tablets three or four times daily as directed by physician.	180ct 100ct	
ENTYVIO®	300 mg Vial	Loading Dose: Infuse 300 mg IV over 30 minutes at week 0, week 2 and week 6. Maintenance: Infuse 300 mg IV over 30 minutes every 8 weeks.		
HUMIRA®	Crohn's Starter Kit 40 mg Pen 40 mg Prefilled Syringe	Inject 160 mg Four 40 mg SC day 1 OR Two 40 mg SC days 1 & 2 then Week 2 inject 80 mg (Two 40 mg injections) SC on day 15. Week 4+: Inject 40 mg SC every other week.		
REMICADE® Wt:	100 mg Vial	Crohn's Disease: 5 mg/kg at 0, 2 and 6 weeks, then every 8 weeks. Ulcerative Colitis: 5 mg/kg at 0, 2 and 6 weeks, then every 8 weeks.		
SIMPONI®	100 mg SmartJect® 100 mg Prefilled Syringe	Inject 200 mg SC at week 0, then 100 mg at week 2, then 100 mg every 4 weeks. Inject 100 mg SC every 4 weeks.	4-week supply	
STELARA®	45 mg/0.5 mL Single-dose Prefilled Syringe 90 mg/mL Single-dose Prefilled Syringe 45 mg/0.5 mL Single-dose Vial 130 mg/26 mL Single-dose Vial	Crohn's disease recommended initial adult intravenous dosage: A single intravenous infusion using weight-based dosing: Up to 55 kg - 260 mg (2 vials). > 55 kg to 85 kg - 390 mg (3 vials). > 85 kg - 520 mg (4 vials). Crohn's disease recommended maintenance adult subcutaneous dosage: A subcutaneous 90 mg dose 8 weeks after the initial intravenous dose, then every 8 weeks thereafter.	4-week supply	
VIBERZI™	100 mg Tablets 75 mg Tablets	Take 1 tablet twice daily with food.	4-week supply	
XIFAXAN®	200 mg Tablets 550 mg Tablets	Traveler's Diarrhea: One 200 mg tablet 3 times a day for 3 days. Hepatic Encephalopathy: One 550 mg tablet 2 times a day. IBS-D: One 550 mg tablet 3 times a day for 14 days.		

Date Medication Needed: Deliver To: Patient Home MD Office

Prescriber Signature: (Please sign and date below.)
Your signature authorizes Cedra Pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.

Substitution Permissible Date Dispense as written "DAW" Date

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