Crohn's and Ulcerative Colitis Referral Form

Century Specialty Script
Fax Referral To: 877-521-5353



Date:	Phone: 800-521-3949	/				
Patient Information	F	Prescriber Information	1			
Please complete the following or send patient den						
Patient Name:		Address:				
Address:		City, State, Zip:				
City, State, Zip:		Phone:				
Home Phone:		Fax:				
Cell Phone:	-	DEA:NPI#:				
Alternate Phone:	_					
DOB:Gender: \square M	□ F					
	Insurance Information					
Deignam I have an acc		Crown				
Primary Insurance:		Group:				
Secondary Insurance: ID#:		Group: Group:				
Prescription card: 1D#:	BIN#:PCN#: _	group:	-			
Medical Information (Section must be co	ompleted to process prescription)	(Attach separate s	sheet if needed)			
Diagnosis:		New □ Reauthorization □				
☐ K50.0 - Crohn's disease of small intestine	Weight	kg/lbs Height	cm/in			
\square K50.1 - Crohn's disease of large intestine	Allergies					
$\hfill \square$ K50.8 - Crohn's disease of both small and large i	intestine Lab Data					
\square K50.9 - Crohn's disease, unspecified	Concomitant Modica	tions				
☐ K51 - Ulcerative colitis	Additional Comments	tions s				
☐ K51.9 - Ulcerative colitis, unspecified	Injection Training Rec		0			
Other diagnosis: ICD-10 code	☐ Home ☐ Office	!				
Date of Description						
therapy? \square Yes \square No	ons as required by					
	Prescription Information					
Medication Dose Strength	Prescription Information Directions	Qt	y Refills			
Medication Dose Strength □ Entyvio □ 300 mg vial	Directions Loading Dose IV: 300	mg over 30	y Refills			
	Directions Loading Dose IV: 300 minutes at Week 0, 2	mg over 30 , and 6.	y Refills			
	Directions Loading Dose IV: 300	mg over 30 , and 6. /: 300mg over 30	y Refills			
☐ Entyvio ☐ 300 mg vial ☐ Omvoh CD:	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week	mg over 30 , and 6. 7: 300mg over 30	y Refills			
☐ Entyvio ☐ 300 mg vial ☐ Omvoh CD: ☐ 300mg/15mL via	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week CD: Loading Dose - 900m	mg over 30 , and 6. 7: 300mg over 30 cs	y Refills			
☐ Entyvio ☐ 300 mg vial ☐ Omvoh	Directions Loading Dose IV: 300 minutes at Week 0, 2, Maintenance Dose IV minutes every 8 week CD: I (IV) Domg/mL Dading Dose - 900m, 90 minutes at Weeks Maintenance Dose: 3	mg over 30 , and 6. f: 300mg over 30 ks g IV over at least 0,4, & 8	y Refills			
☐ Entyvio ☐ 300 mg vial ☐ Omvoh	Directions Loading Dose IV: 300 minutes at Week 0, 2, Maintenance Dose IV minutes every 8 week CD: I (IV) Domg/mL Dading Dose - 900m, 90 minutes at Weeks Maintenance Dose: 3	mg over 30 , and 6. f: 300mg over 30 ks g IV over at least 0,4, & 8 00mg SUBQ	y Refills			
☐ Entyvio ☐ 300 mg vial ☐ Omvoh	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week CD: Loading Dose - 900m 90 minutes at Weeks Maintenance Dose: 3 (consecutive injection 200mg)	mg over 30 , and 6. f: 300mg over 30 ks g IV over at least 0,4, & 8 00mg SUBQ	y Refills			
☐ Entyvio ☐ 300 mg vial ☐ Omvoh	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week I (IV) Omg/mL Omg/mL Omg/mL I (IV) UC: Loading Dose - 900m 90 minutes at Weeks Maintenance Dose: 3 (consecutive injection 200mg) Loading Dose - 900m 90 minutes at Weeks Maintenance Dose: 3	mg over 30 , and 6. f: 300mg over 30 ss g IV over at least 0,4, & 8 00mg SUBQ ss of 100mg +	y Refills			
☐ Entyvio ☐ 300 mg vial ☐ Omvoh	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week I (IV) Domg/mL Domg/mL Domg/mL UC: Domg/mL UC: Domg/mL	mg over 30 , and 6. f: 300mg over 30 ss g IV over at least 0,4, & 8 00mg SUBQ as of 100mg +	y Refills			
☐ Entyvio ☐ 300 mg vial ☐ Omvoh	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week I (IV) Domg/mL Domg/mL UC: I (IV) Domg/mL Dom	mg over 30 , and 6. f: 300mg over 30 ss g IV over at least 0,4, & 8 00mg SUBQ as of 100mg +	y Refills			
☐ Entyvio ☐ 300 mg vial ☐ Omvoh	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week Maintenance Dose: 3 (consecutive injection 200mg) I (IV) UC: Loading Dose: 300mg 30 minutes at Weeks Maintenance Dose: 2 (consecutive injection 200mg) I (IV) Consecutive injection 200mg Maintenance Dose: 2 (consecutive injection 200mg) I (IV) Consecutive injection 200mg I (IV) Consecutive injection 200mg I (IV) Consecutive injection 200mg I (IV)	mg over 30 , and 6. f: 300mg over 30 cs g IV over at least 0,4, & 8 00mg SUBQ as of 100mg +	y Refills			
☐ Entyvio ☐ 300 mg vial ☐ Omvoh	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week I (IV) Domg/mL Domg/mL UC: I (IV) Domg/mL Dom	mg over 30 , and 6. f: 300mg over 30 cs g IV over at least 0,4, & 8 .00mg SUBQ as of 100mg + g IV over at least 0, 4, & 8 .00mg SUBQ as of 100mg +	y Refills			
☐ Entyvio ☐ 300 mg vial ☐ Omvoh	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week I (IV) Domg/mL Domg/mL UC: Loading Dose - 900mg 90 minutes at Weeks Maintenance Dose: 3 (consecutive injection 200mg) UC: Loading Dose: 300mg 30 minutes at Weeks Maintenance Dose: 2 (consecutive injection 100mg) Loading Dose IV: 5mg	mg over 30 , and 6. f: 300mg over 30 cs g IV over at least 0,4, & 8 .00mg SUBQ as of 100mg + g IV over at least 0, 4, & 8 .00mg SUBQ as of 100mg +	y Refills			
□ Entyvio □ 300 mg vial □ Omvoh	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week I (IV) Loading Dose - 900mg 90 minutes at Weeks Maintenance Dose: 3 (consecutive injection 200mg) I (IV) UC: Loading Dose: 300mg Omg/mL Maintenance Dose: 2 (consecutive injection 100mg) Loading Dose IV: 5mg 2, and 6	mg over 30 , and 6. f: 300mg over 30 ss g IV over at least 0,4, & 8 00mg SUBQ as of 100mg + g IV over at least 0, 4, & 8 00mg SUBQ as of 100mg +	y Refills			
□ Entyvio □ 300 mg vial □ Omvoh	Directions Loading Dose IV: 300 minutes at Week 0, 2 minutes at Week 0, 2 minutes every 8 week minutes every 8 week 00mg/mL Loading Dose - 900mg 90 minutes at Weeks Maintenance Dose: 3 (consecutive injection 200mg) I (IV)	mg over 30 , and 6. f: 300mg over 30 ss g IV over at least 0,4, & 8 00mg SUBQ as of 100mg + g IV over at least 0, 4, & 8 00mg SUBQ as of 100mg + g/kg at Weeks 0, f: 5mg/kg every 8	y Refills			
☐ Entyvio ☐ 300 mg vial ☐ 300 mg vial ☐ Omvoh ☐ 300 mg vial ☐ 300 mg vial ☐ 300 mg vial ☐ 200mg/15mL via ☐ 200mg/2mL + 10 PFP (SUBQ) ☐ 200mg/2mL + 10 PFS (SUBQ) ☐ 300mg/15mL via ☐ 100mg/mL + 100 PFP (SUBQ) ☐ 100mg/mL + 100 PFS (SUBQ) ☐ 100 mg Vial ☐ Avsola ☐ Avsola ☐ Inflectra ☐ Renflexis ☐ Infliximab ☐ 100 mg Vial ☐ Renflexis ☐ Infliximab ☐ 100 mg Vial ☐ 100 mg	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week	mg over 30 , and 6. /: 300mg over 30 cs g IV over at least 0,4, & 8 .00mg SUBQ as of 100mg + g IV over at least 0, 4, & 8 .00mg SUBQ as of 100mg + g/kg at Weeks 0, //: 5mg/kg every 8 s 14)	y Refills			
□ Omvoh CD: □ 300 mg vial □ 300 mg vial □ 200 mg/15 mL via □ 200 mg/2 mL + 10 PFP (SUBQ) □ 300 mg/15 mL via □ 100 mg/mL + 100 PFP (SUBQ) □ 100 mg/mL + 100 PFS (SUBQ) □ 100 mg/mL + 100 PFS (SUBQ) □ 100 mg Vial □ Avsola □ Inflectra □ Renflexis □ Infliximab □ Stelara Loading Dose IV based on	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week I (IV) Loading Dose - 900mg 90 minutes at Weeks Maintenance Dose: 3 (consecutive injection 200mg) I (IV) Loading Dose: 300mg 30 minutes at Weeks Maintenance Dose: 2 (consecutive injection 100mg) Loading Dose IV: 5mg 2, and 6 Maintenance Dose IV weeks (Starting Weeks weight: Loading Dose IV based on weight.)	mg over 30 , and 6. /: 300mg over 30 cs g IV over at least 0,4, & 8 .00mg SUBQ as of 100mg + g IV over at least 0, 4, & 8 .00mg SUBQ as of 100mg + g/kg at Weeks 0, //: 5mg/kg every 8 s 14)	y Refills			
□	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week	mg over 30 , and 6. /: 300mg over 30 cs g IV over at least 0,4, & 8 .00mg SUBQ as of 100mg + g IV over at least 0, 4, & 8 .00mg SUBQ as of 100mg + g/kg at Weeks 0, //: 5mg/kg every 8 s 14)	y Refills			
□ Entyvio □ 300 mg vial □ Omvoh CD: □ 300mg/15mL via □ 200mg/2mL + 10 □ PFP (SUBQ) □ 200mg/2mL + 10 □ PFS (SUBQ) □ 300mg/15mL via □ 100mg/mL + 100 □ PFP (SUBQ) □ 100mg/mL + 100 □ PFF (SUBQ) □ 100mg/mL + 100 □ PFS (SUBQ) □ 100 mg Vial □ 100 mg Vial □ Avsola □ 100 mg Vial □ Renflexis □ Inflectra □ Renflexis □ Infliximab □ Stelara Loading Dose IV based on □ 260mg	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week	mg over 30 , and 6. /: 300mg over 30 cs g IV over at least 0,4, & 8 .00mg SUBQ as of 100mg + g IV over at least 0, 4, & 8 .00mg SUBQ as of 100mg + g/kg at Weeks 0, //: 5mg/kg every 8 s 14)	y Refills			
□ Omvoh CD: □ 300 mg vial □ Omvoh CD: □ 300 mg/15mL via □ 200 mg/2mL + 10 PFP (SUBQ) □ 300 mg/2mL + 10 PFS (SUBQ) □ 100 mg/mL + 100 PFP (SUBQ) □ 100 mg/mL + 100 PFS (SUBQ) □ 100 mg/mL + 100 PFS (SUBQ) □ 100 mg Vial □ Avsola □ Inflectra □ Renflexis □ Infliximab □ Stelara □ Approve switch to preferred biosimilar □ 260 mg □ 390 mg □ 390 mg □ 520 mg	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week I (IV) Loading Dose - 900m, 90 minutes at Weeks Maintenance Dose: 3 (consecutive injection 200mg) I (IV) UC: Loading Dose: 300mg 30 minutes at Weeks Maintenance Dose: 2 (consecutive injection 100mg) Loading Dose IV: 5mg 2, and 6 Maintenance Dose IV weeks (Starting Week weight: Loading Dose IV based on weight Loading Dose IV based on weight 260mg 390mg 520mg	mg over 30 , and 6. /: 300mg over 30 cs g IV over at least 0,4, & 8 .00mg SUBQ as of 100mg + g IV over at least 0, 4, & 8 .00mg SUBQ as of 100mg + g/kg at Weeks 0, //: 5mg/kg every 8 s 14)	y Refills			
□ Omvoh CD: □ 300 mg vial □ Omvoh CD: □ 300mg/15mL via □ 200mg/2mL + 10 PFP (SUBQ) □ 200mg/2mL + 10 PFS (SUBQ) □ 100mg/mL + 100 PFP (SUBQ) □ 100mg/mL + 100 PFF (SUBQ) □ 100 mg Vial □ Avsola □ Inflectra □ Renflexis □ Infliximab □ Stelara □ Approve switch to preferred biosimilar □ Maintenance Dose SUBQ: Maintenance Dose SUBQ:	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week Maintenance Dose: 30 Maintenance Dose: 3 (consecutive injection 200mg) UC: Loading Dose: 300mg 30 minutes at Weeks Maintenance Dose: 2 (consecutive injection 100mg) Loading Dose IV: 5mg 2, and 6 Maintenance Dose IV weeks (Starting Week weight: Loading Dose IV based on weight: L	mg over 30 , and 6. f: 300mg over 30 ss g IV over at least 0,4, & 8 00mg SUBQ ss of 100mg + g IV over at least 0, 4, & 8 00mg SUBQ ss of 100mg + g/kg at Weeks 0, f: 5mg/kg every 8 s 14) ght:	y Refills			
□ Omvoh CD: □ 300 mg vial □ Omvoh CD: □ 300 mg/15mL via □ 200 mg/2mL + 10 PFP (SUBQ) □ 300 mg/2mL + 10 PFS (SUBQ) □ 100 mg/mL + 100 PFP (SUBQ) □ 100 mg/mL + 100 PFS (SUBQ) □ 100 mg/mL + 100 PFS (SUBQ) □ 100 mg Vial □ Avsola □ Inflectra □ Renflexis □ Infliximab □ Stelara □ Approve switch to preferred biosimilar □ 260 mg □ 390 mg □ 390 mg □ 520 mg	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week	mg over 30 , and 6. f: 300mg over 30 ss g IV over at least 0,4, & 8 00mg SUBQ ss of 100mg + g IV over at least 0, 4, & 8 00mg SUBQ ss of 100mg + g/kg at Weeks 0, f: 5mg/kg every 8 s 14) ght:	y Refills			
□ Omvoh CD: □ 300 mg vial □ Omvoh CD: □ 300mg/15mL via □ 200mg/2mL + 10 PFP (SUBQ) □ 200mg/2mL + 10 PFS (SUBQ) □ 100mg/mL + 100 PFP (SUBQ) □ 100mg/mL + 100 PFF (SUBQ) □ 100 mg Vial □ Avsola □ Inflectra □ Renflexis □ Infliximab □ Stelara □ Approve switch to preferred biosimilar □ Maintenance Dose SUBQ: Maintenance Dose SUBQ:	Directions Loading Dose IV: 300 minutes at Week 0, 2 Maintenance Dose IV minutes every 8 week Maintenance Dose: 30 Maintenance Dose: 3 (consecutive injection 200mg) UC: Loading Dose: 300mg 30 minutes at Weeks Maintenance Dose: 2 (consecutive injection 100mg) Loading Dose IV: 5mg 2, and 6 Maintenance Dose IV weeks (Starting Week weight: Loading Dose IV based on weight: L	mg over 30 , and 6. f: 300mg over 30 ss g IV over at least 0,4, & 8 00mg SUBQ ss of 100mg + g IV over at least 0, 4, & 8 00mg SUBQ ss of 100mg + g/kg at Weeks 0, f: 5mg/kg every 8 s 14) ght:	y Refills			

Crohn's and Ulcerative Colitis Referral Form

Century Specialty Script Fax Referral To: 877-521-5353



Date:	_	Phone: 8	00-521-3949				
P:	atient Information		Pr	rescriber Infori	mation		
	llowing or send patient do	emographic sheet					
Patient Name:			Prescriber Name:Address:				
Address:			City, State, Zip:				
			Phone:				
			_ Fax:				
Cell Phone:			Contact Person:				
Alternate Phone:	Canadan D	4	contact reison.				
DOR:	Gender: 🗆 N						
		Insurance I	nformation				
Primary Insurance:		II	D#:	Group:			
			D#:				
Prescription Card:	ID#:	E	BIN#:PCN#:	Group:			
Medical Information	on (Section must be	completed to pro	ocess prescription)	(Attach sep	arate sheet	t if needed)	
Diagnosis:			Therapy Details: ☐ No				
☐ K50.0 - Crohn's disea	se of small intestine		Weight kg/lbs Height cm/in				
☐ K50.1 - Crohn's disea	ase of large intestine		Allergies				
☐ K50.8 - Crohn's disea	ase of both small and large	e intestine	Lab Data				
☐ K50.9 - Crohn's disea	ise, unspecified		Prior Therapies				
☐ K51 - Ulcerative co	litis		Concomitant Medicati Additional Comments	ons			
☐ K51.9 - Ulcerative co	litis, unspecified				 □ No		
\square Other diagnosis: ICD-			Injection Training Required?				
Description							
•	all required labs/vaccina	itions as required by					
therany? Yes N	Λ						
therapy? ☐ Yes ☐ N	0	Prescription	Information				
therapy? ☐ Yes ☐ N Medication			Information Directions		Qty	Refills	
Medication	O Dose Strength	Loading	Directions Dose (CD):		Qty	Refills	
Medication ☐ Skyrizi	Dose Strength IV:	Loading	Directions Dose (CD): 600mg IV over at least	1 hour at	Qty	Refills	
Medication ☐ Skyrizi	Dose Strength IV: G00 mg/10 mL SUBQ:	Loading vial	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8	1 hour at	Qty	Refills	
Medication ☐ Skyrizi	Dose Strength IV: □ 600 mg/10 mL SUBQ: □ 180 mg/1.2 mL	Loading vial Depth Loading	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC):		Qty	Refills	
Medication ☐ Skyrizi	Dose Strength IV: □ 600 mg/10 mL SUBQ: □ 180 mg/1.2 mL □ 180 mg/1.2 mL	Loading vial Coading DFS Loading OBI Coading	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8		Qty	Refills	
Medication ☐ Skyrizi	Dose Strength IV: □ 600 mg/10 mL SUBQ: □ 180 mg/1.2 mL □ 180 mg/1.2 mL	Loading vial PFS OBI OBI Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 ance Dose	hours at Weeks	Qty	Refills	
Medication ☐ Skyrizi	Dose Strength IV: □ 600 mg/10 mL SUBQ: □ 180 mg/1.2 mL □ 180 mg/1.2 mL	Loading vial PFS OBI OBI Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 Jance Dose 180 mg SUBQ at Week	hours at Weeks	Qty	Refills	
Medication ☐ Skyrizi	Dose Strength IV: □ 600 mg/10 mL SUBQ: □ 180 mg/1.2 mL □ 180 mg/1.2 mL	vial Loading PFS Loading OBI Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 Hance Dose 180 mg SUBQ at Week weeks thereafter	hours at Weeks 12, then q 8	Qty	Refills	
Medication ☐ Skyrizi	Dose Strength IV: □ 600 mg/10 mL SUBQ: □ 180 mg/1.2 mL □ 180 mg/1.2 mL	Loading vial PFS OBI OBI Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 Jance Dose 180 mg SUBQ at Week	hours at Weeks 12, then q 8	Qty	Refills	
Medication ☐ Skyrizi	Dose Strength IV: □ 600 mg/10 mL SUBQ: □ 180 mg/1.2 mL □ 180 mg/1.2 mL □ 360 mg/2.4 mL	vial Loading PFS Loading OBI Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter	hours at Weeks 12, then q 8	Qty	Refills	
Medication ☐ Skyrizi	Dose Strength IV:	Loading Vial PFS Loading OBI OBI Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose:	hours at Weeks 12, then q 8 12, then q 8	Qty	Refills	
Medication ☐ Skyrizi ☐ Tremfya	Dose Strength IV: □ 600 mg/10 mL SUBQ: □ 180 mg/1.2 mL □ 180 mg/2.4 mL □ 360 mg/2.4 mL	Loading Vial PFS Loading OBI OBI Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 Dance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose: 200mg IV over at least	hours at Weeks 12, then q 8 12, then q 8	Qty	Refills	
Medication ☐ Skyrizi ☐ Tremfya	Dose Strength IV: □ 600 mg/10 mL SUBQ: □ 180 mg/1.2 mL □ 180 mg/2.4 mL □ 360 mg/2.4 mL IV: □ 200 mg/20 mL SUBQ:	vial Loading OBI OBI Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 Nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose: 200mg IV over at least Weeks 0, 4, & 8	hours at Weeks 12, then q 8 12, then q 8 1 hour on	Qty	Refills	
Medication ☐ Skyrizi ☐ Tremfya	Dose Strength IV:	Vial Loading OBI OBI Coading Cobine	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose: 200mg IV over at least Weeks 0, 4, & 8 400mg SUBQ on Week nance Dose:	hours at Weeks 12, then q 8 12, then q 8 1 hour on s 0, 4, & 8	Qty	Refills	
Medication ☐ Skyrizi ☐ Tremfya	Dose Strength IV:	Loading OBI OBI Mainten Loading Loading Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose: 200mg IV over at least Weeks 0, 4, & 8 400mg SUBQ on Week nance Dose: 100mg SUBQ at Week	hours at Weeks 12, then q 8 12, then q 8 1 hour on s 0, 4, & 8	Qty	Refills	
Medication ☐ Skyrizi ☐ Tremfya	Dose Strength IV:	Loading Vial PFS OBI OBI Mainten Loading Mainten Mainten Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose: 200mg IV over at least Weeks 0, 4, & 8 400mg SUBQ on Week nance Dose: 100mg SUBQ at Week weeks thereafter	hours at Weeks 12, then q 8 12, then q 8 1 hour on s 0, 4, & 8 16, and every 8	Qty	Refills	
Medication ☐ Skyrizi ☐ Tremfya	Dose Strength IV:	Loading Vial PFS OBI OBI Mainten Loading Mainten Mainten Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose: 200mg IV over at least Weeks 0, 4, & 8 400mg SUBQ on Week nance Dose: 100mg SUBQ at Week weeks thereafter	hours at Weeks 12, then q 8 12, then q 8 1 hour on s 0, 4, & 8 16, and every 8	Qty	Refills	
Medication ☐ Skyrizi ☐ Tremfya	Dose Strength IV:	Loading OBI OBI Mainten Loading Mainten Mainten Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose: 200mg IV over at least Weeks 0, 4, & 8 400mg SUBQ on Week nance Dose: 100mg SUBQ at Week weeks thereafter 200mg SUBQ at Week weeks thereafter 200mg SUBQ at Week weeks thereafter	hours at Weeks 12, then q 8 12, then q 8 1 hour on s 0, 4, & 8 16, and every 8 12, then every 4	Qty	Refills	
Medication ☐ Skyrizi ☐ Tremfya ☐ Tysabri	Dose Strength	Loading OBI OBI Mainten Loading Mainten Mainten Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose: 200mg IV over at least Weeks 0, 4, & 8 400mg SUBQ on Week nance Dose: 100mg SUBQ at Week weeks thereafter	hours at Weeks 12, then q 8 12, then q 8 1 hour on s 0, 4, & 8 16, and every 8 12, then every 4	Qty	Refills	
Medication Skyrizi Tremfya Tysabri Tyruko	Dose Strength IV:	Loading OBI OBI Mainten Loading Mainten Mainten Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose: 200mg IV over at least Weeks 0, 4, & 8 400mg SUBQ on Week nance Dose: 100mg SUBQ at Week weeks thereafter 200mg SUBQ at Week weeks thereafter 200mg SUBQ at Week weeks thereafter	hours at Weeks 12, then q 8 12, then q 8 1 hour on s 0, 4, & 8 16, and every 8 12, then every 4	Qty	Refills	
Medication Skyrizi Tremfya Tysabri Tyruko	Dose Strength IV:	Loading OBI OBI Mainten Loading Mainten Mainten Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose: 200mg IV over at least Weeks 0, 4, & 8 400mg SUBQ on Week nance Dose: 100mg SUBQ at Week weeks thereafter 200mg SUBQ at Week weeks thereafter 200mg SUBQ at Week weeks thereafter	12, then q 8 12, then q 8 12, then q 8 1 hour on s 0, 4, & 8 16, and every 8 12, then every 4	Qty	Refills	
Medication Skyrizi Tremfya Tysabri Tyruko Approve switch	Dose Strength IV:	Loading OBI OBI Mainten Loading Mainten Mainten Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose: 200mg IV over at least Weeks 0, 4, & 8 400mg SUBQ on Week nance Dose: 100mg SUBQ at Week weeks thereafter 200mg SUBQ at Week weeks thereafter 200mg SUBQ at Week weeks thereafter	12, then q 8 12, then q 8 12, then q 8 1 hour on s 0, 4, & 8 16, and every 8 12, then every 4	Qty	Refills	
Medication Skyrizi Tremfya Tysabri Tyruko Approve switch to preferred	Dose Strength IV:	Loading OBI OBI Mainten Loading Mainten Mainten Mainten	Directions Dose (CD): 600mg IV over at least Weeks 0, 4, & 8 Dose (UC): 1200mg IV over least 2 0, 4, & 8 nance Dose 180 mg SUBQ at Week weeks thereafter 360 mg SUBQ at Week weeks thereafter Dose: 200mg IV over at least Weeks 0, 4, & 8 400mg SUBQ on Week nance Dose: 100mg SUBQ at Week weeks thereafter 200mg SUBQ at Week weeks thereafter 200mg SUBQ at Week weeks thereafter	hours at Weeks 12, then q 8 12, then q 8 1 hour on s 0, 4, & 8 16, and every 8 12, then every 4 q 4 weeks		Refills	