Crohn's and Ulcerative Colitis Referral Form		SUPERIOR BIOLOGICS Fax Referral To: 914-747-1170 Phone: 855-747-1150		SUPERIOR		
	Patient Information			escriber Information		
Patient mormation Please complete the following or send patient demographic						
-						
Address:						
	:		Phone:	Fax:		
			DEA:	NPI #:		
			Contact Person:			
DOB:	Gender:	∃M □F				
		Insurance	Information			
Primary Insurance:				Group:		
	urance:					
Prescription Car			I#: PCN#:	Group:		
	al Information (Section must b	be completed to proc	ess prescription)	(Attach separate sheet if	needec	d)
	tionInsuranceNumber:					
Diagnosis - Pl	ease include diagnosis name	with ICD-10 code	Therapy Details:	ew \Box Reauthorization \Box Re	estart	
 ☐ K50.8Crohn' ☐ K50.10Crohr ☐ K50.00Croh ☐ K20.0 Eosir ☐ Other diagnore Description Has a TB test I 	n's disease of small intestines with s disease of large intestines with n's disease, unspecified, witho nophilic Esophagitis osis: ICD-10 code Date of Descripti been performed? met have an active infection? Review Date Dose Strength Dose Strength Dose Strength G 200mg/mL prefilled Syringe DFS with needle shield 300	hout complications hout complications out complications ion	Allergies Lab Data Prior Therapies Concomitant Medicati Additional Comments Injection Training Requ n Information Direct LoadingDose: Inject400m	ions g SUBQ atWeeks 0, 2, and 4 200mg SUBQ every2 weeks		Refills
Entyvio	☐ Prefilled Pen 300 mg/2 mL ☐ 300mg vial	 Loading Dose: Inject 300mg IV over 30 minutes at Weeks 0, 2, and 6. Maintenance Dose: Infuse 300mg IV over 30 minutes every 8 weeks 				
☐ Humira ☐ Adalimumab (biosimilar)	Starter Kits: 80mg/0.8mL Starter Pack Pre-Filled F Maintenance: 40mg/0.4mL Pre-Filled Pen (Citra 40mg/0.4mLPre-FilledSyringe (Citra Other:	te Free) UR Pec	ult: .oading Dose: Inject 160mg S 80mg on Day 15 (two we MaintenanceDose: Inject 4 ek (starting Day 29) diatric (>6 years and adol .oading Dose: Inject 80mg SU Day 15 (two weeks later) Maintenance Dose: Inject er week (starting Day 29) diatric (>6 years and adol .oading Dose: Inject 160mg S on Day 15 (two weeks la MaintenanceDose: Inject 4 ek (starting Day 29)	eeks later) Omg SUBQ every other escents) 17kg to < 40kg BQ on Day 1, 40mg on 20mg SUBQ every) escents) > 40kg UBQ on Day 1, 80mg ter)		
Prescriber Sign	ature:	DAW (Dispe	nse as Written) □Y	□ N 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 intend recipient, please notify us immediately by calling or faxing back to the originator.

Return Porm Fax Referral To: 914-747-1170 Construction Date: Patient Information Prescriber Nane:	Crohn's and Ulcerative Colitis		SUPERIOR BIOLOGICS								
Date: Prote::855-747-1150 Prescriber Information Pease complete the following or send patient demographic steet Prescriber Name: Address:	Referral Form Fax Referral T		o: 914-747-1170	SUPER	IOR						
Prescripter Name:	Date: Phone: 85			5-747-1150		100					
Prescripter Name:											
Palant Name: Address:	Please compl		-								
Address: State, Zip: City, State, Zip: Prione: City, State, Zip: Prione: Call Phone: Prione: Contact Person: Contact Person: DBB: Gender: IN Primary Insurance: ID#: Group: Prescription Card: ID#: Group: Description Card: ID#: Group: Modical Information (Section must be completed to process prescription) Catal Description (Artable Life) Modical Information (Section must be completed to process prescription) Catal Description IK50.00 Crothris disease of targe intestines without complications Life (Information Restart) VK50 00 Crothris disease of targe intestines without complications Veight Light of Description Description Data Data Data Detaret Review Date Prescription Information Veight Maint Medications Medication Restart Review Date Prescription Information Description Description Concornitant Medications I State Data Review Date Prescription Information Review Date </td <td></td> <td>•</td> <td>• .</td> <td></td> <td></td> <td></td> <td>City,</td>		•	• .				City,				
city, Stain, Zip Phone: Home Phone: Control Phone: Cal Phone: Control Phone: DOB: Control Phone: DOB: Control Phone: DOB: Control Phone: DOB: Control Phone: Primary Insurance: ID#: Primary Insurance: ID#: Primary Insurance: ID#: Primary Insurance: ID#: Procentpoint Card: ID#: Prescription Card: ID#: Procentpoint Insurance: ID#: Other diagnosis name with ICD-10 code Thorary Dotalits: Choot Corbin disease of both intestines without complications Alergies Choot Corbin disease of both intestines without complications Concomitant Medications Choot Corbin disease of both intestines without complications Concomitant Medications Does the Patient Ave an active infector/12 (Ps ID to Corbin disease of both intestines without complications Concomitant Medications Does the Patient Ave an active infector/12 (Ps ID to Corbin disease of both intestines without complications Concomitant Medications Induction Therapy - 45 mg tablet Induction Therapy - 45 mg tablet Induction Therapy - 45 mg tablet </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>											
Home Phone:				Phone:							
Coll Phone:				Fax:							
DOB: Gender: IN F Control resists Insurance InSurance Information Primary Insurance: ID#: Group: Secondary Insurance: ID#: Group: Primary Insurance: ID#: Group: Medical Information (Section must be completed to process prescription) (Attach separate sheet if needed) PriorAuthorizationInsuranceNumber:											
Primary Insurance: ID#: Group: Secondary Insurance: ID#: Group: Prescription Card: ID#: PCN#: Group: MediCal Information (Section must be complication to process prescription) (Attach Soparato Shoot If needed) PriovAuthord:sciences and intestines without complications Veight kglibs Height		Gender:	M□F	Contact Person:							
Secondary Insurance: ID#:			Insuranc	e Information							
Secondary Insurance: ID#:	Primary Insu	rance:		D#:	Group:						
Medical Information (Section must be completed to process prescription) (Attach separate sheet if needed) PriorAuthorizationInsuranceNumber:					Group:						
PriorAuthorizationInsuranceNumber:	Prescription (Card:ID#:	В	IN#:PCN#:	Group:						
Diagnosis - Please include diagnosis name with ICD-10 code Therapy Details: □New □ Reauthorization □ Restart □ K50.00 Crohn's disease of small intestines without complications Weightkg/lbs Heightcm/in □ K50.80 Crohn's disease of large intestines without complications Weightkg/lbs Heightcm/in □ K50.00 Crohn's disease of large intestines without complications Usightkg/lbs Heightcm/in □ K50.80 Crohn's disease of large intestines without complications Usightkg/lbs Heightcm/in □ Other diagnosis: ICD-10 code	Medi	ical Information (Section must b	e completed to proces	ss prescription)	(Attach separate sheet if nee	eded)					
Image: Start Data Start											
I K50.00 Crohn's disease of large intestines without complications Weight kg/lbs Height of minister intestines without complications I K50.00 Crohn's disease. Inspecified, without complications Allergies Lab I K50.00 Crohn's disease. Inspecified, without complications I dirgies Lab I K50.00 Crohn's disease. Inspecified, without complications Concomitant Medications Lab I ks a TB test been performed? Yes No Does the Patient have an active infection? Review Date Concomitant Medications Additional Comments I holdication Does Strength Infection Training Required? Yes No I minutes 100mg Vial Induction Therapy: 45 mg Yo daily x 8 weeks. Induction Therapy: 45 mg Yo daily x 8 weeks. Image: 100mg/lb weeks 0, 2, and 6 I minutes 100mg/mL Smart Ject Auto Injector Induction Therapy: 45 mg Yo daily x 8 weeks. Image: 100mg/lb weeks 0, 2, mod 6 I stelara 130mg/lb m. Prefilled Syringe Induction Therapy: 45 mg Yo daily x 8 weeks. Image: 100mg/lb weeks 0, 2, mod 6 I stelara 130mg/lb m. Single does vial Soring a sinial W dail weeks 0, 2, mod 6 Image: 20 mg SUB0 weeks 0, 2, mod 6 I stelara 130mg/lb m. Single does vial Soring a sinial W dail weeks 0, 2, mod 6 Image		<u> </u>		Therapy Details: Ne	ew \Box Reauthorization \Box Resta	nrt					
K50.10 Crohn's disease of large intestines without complications Allergies			•								
□ K50.00 Crohn's disease, unspecified, without complications □ data			•		-						
□ Other diagnosis: ICD-10 code		•	•								
Description Date of Description Concomitant Medications Has a TB test been performed? \Performed? \Performed? Does the Patient have an active infection? \Performed? \Performed? StartDate PreScription Information Concomitant Medications Medication Dose Strength Directions Qty Medication Dose Strength Directions Qty Medication 100mg Vial LoadingDose: Infuse Sing/kg every 8 weeks Prescription Remicade Induction Therapy – 45 mg tablet Induction Therapy: 45 mg PO daily x 8 weeks. Prescription go day Simponi 100mg/mL Smart Ject Auto Injector Loading Dose: Infuse Sing/kg every 8 weeks Prescription go day Simponi 100mg/mL Prefiled Syringe Solong PO daily Solong PO daily Stelara 130mg/26mL solution single dose vial Solong as initial IV dose as directed by prescriber Skyrizi Initiation Therapy – 600 mg/10 mL single use vial. Concegn ga anitial IV dose as directed by prescriber Skyrizi Initiation Therapy – 600 mg/10 mL single use vial. Congoing Therapy – Week 12 = higed 300mg SUBO and every 6 weeks thereafter. Use the lowest thereafter. Use the lowest effective recommediamed autridge. Sk		•	•				Prior				
Has a TB test been performed? Image: Comparison of the Patient have an active infection? Additional Comments Injection Training Required? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection? Image: Comparison of the Patient have an active infection of the Patient have an act		·		•							
Does the Patient have an active infection? Yes No StarDate	-	-									
Start Date Review Date Prescription Information Qty Refills Medication Dose Strength Directions Qty Refills Avasia Influction Dose Strength LoadingDose:InfuseEmg/kgatWeeks 0, 2, and6 Maintenance Dose: InfuseEmg/kgatWeeks 0, 2, and6 Maintenance Therapy - 45 mg tablet Influction Therapy - 45 mg ro 30 mg tablet Influction Therapy - 45 mg or 30 mg tablet Influction Therapy: 45 mg PO daily x 8 weeks. Image: Comparison of the comparison of table 20 mg SUBO at Weeks 10 mg or 30 mg tablet Image: Comparison of table 20 mg SUBO at Weeks 2 mg PO daily x 8 weeks. Image: Comparison of table 20 mg SUBO at Weeks 2 mg PO daily x 8 weeks. Image: Comparison of table 20 mg SUBO at Weeks 2 mg PO daily x 8 weeks. Image: Comparison of table 20 mg SUBO at Weeks 2 mg PO daily x 8 weeks. Image: Comparison of table 20 mg SUBO at Weeks 2 mg PO daily x 8 weeks. Image: Comparison of table 20 mg SUBO at Weeks 2 mg PO daily x 8 weeks. Image: Comparison of table 20 mg SUBO at Weeks 2 mg PO daily x 8 weeks. Image: Comparison of table 20 mg SUBO at Weeks 2 mg PO daily x 8 weeks. Image: Comparison of table 20 mg SUBO at Weeks 2 mg PO daily x 8 weeks. Image: Comparison of table 20 mg PO daily x 8 weeks. Image: Comparison of table 20 mg PO daily x 8 weeks. Image: Comparison of table 20 mg PO daily x 8 weeks. Image: Comparison of table 20 mg PO daily x 8 weeks. Image: Comparison of table 20 mg PO daily x 8 weeks. Image: Comparison at Weeks 2 mg PO daily 2 mg PO											
Prescription Information Medication Dose Strength Directions Qty Refills Avaola 100mg Vial LoadingDose:Infuse5mg/kgatWeeks 0,2, and6 Maintenance Dose: Infuse 5mg/kg every 8 weeks Infuction Therapy - 45 mg tablet Infuction Therapy - 45 mg tablet Infuction Therapy - 15 mg or 30 mg tablets Infuction Therapy: 45 mg PO daily x 8 weeks. Maintenance Therapy: Simponi 100mg/mL Smart Ject Auto Injector Gimg PO daily Simponi 100mg/mL Smart Ject Auto Injector Loading Dose: Inject 200 mg SUBQ every 4 Week 0 then 100mg stuBQ every 4 Week 100mg SUBQ every 4 Weeks Maintenance Obse: Infuse: 250mg] SUBQ every 4 Maintenance Obse: Inject 100mg SUBQ every 4 Week 10 mg SUBQ every 4 Maintenance Obse: Inject 300mg SUBQ every 4 Maintenance Obse: Inject 300mg SUBQ every 4 Week 10 mg SUBQ every 4 Week 2 mg SUBQ every 4 Week 10 mg SUBQ every 4											
Medication Dose Strength Directions Qty Refills Indication I 00mg Vial I 00mg Vial I 00mg Vial I not constructions I no constructions I not constructio	olaribale			on Information							
Avsola 100mg Vial Inflectra Inflectra Remicade Maintenance Dose: Influse5mg/kgat Weeks 0, 2, and6 Remicade Maintenance Dose: Influse5mg/kgat Weeks 0, 2, and6 Remicade Induction Therapy – 45 mg tablet Maintenance Therapy – 15 mg or 30 mg tablet Induction Therapy: 45 mg PO daily x 8 weeks. Simponi 100mg/mL Smart Ject Auto Injector 100mg/mL Prefilled Syringe Loading Dose: Inject 200 mg SUBQ at Week 2 Maintenance Dose: Inject 100mg SUEQ every 4 weeks Maintenance Dose: Inject 200 mg SUBQ at Week 2 Maintenance Dose: Inject 100mg SUEQ every 4 weeks Stelara Stelara 130mg/26mL solution single dose vial Loading Dose: Infuse: 250mg 3 90mg = 520mg SUBQ every 4 weeks Stelara 030mg/mL Prefilled Syringe Subcuraneous Infusion: Maintenance Dose: Inject 90mg SUBQ every 8 weeks defer the IV induction dose) Skyrizi Initiation Therapy - 600 mg/10 mL single use vial. Initiation Therapy - 360 mg/2.4 mL prefilled actricide with prefilled carticide with 0n-Body Injector Initiation Therapy - 480 mg SUBQ and weeks 4 merater. Orgoing Therapy - 360 mg/2.4 mL prefilled actricide with 0nelled carticide. Induction Induction: 100 mg/mL in a single-dose prefilled syringe 200mg/2 mL in a single-dose prefilled syringe 200mg/2	Modication	Doso Stror			Directions	Otv	Pofille				
Image: Construction of the construc			igui			હાપ્ર	IXeIIII3				
Rentexts Induction Therapy – 45 mg tablet Maintenance Therapy – 15 mg or 30 mg tablet Induction Therapy: 45 mg PO daily x 8 weeks. Maintenance Therapy – 15 mg or 30 mg tablet Is mg PO daily Simponi 100mg/mL Smart Ject Auto Injector Is mg PO daily 100mg/mL Prefilled Syringe Coding Dose: Inject 200 mg SUBQ at Week0 Hen 100mg at Week 2 Maintenance Dose: Inject 100mg SUBQ every 4 Week0 Hen 100mg at Week 2 Monitonance Dose: Inject 100mg SUBQ every 4 Week8 therapy - 11 week8 after the IV induction dose) Skyrizi Initiation Therapy - 600 mg/10 mL single use vial cartridge with On-Body Injector Ongoing Therapy - 360 mg/2.4 mL prefilled or 11 week8 (-1. high a single-dose prefiled syringe weeks therapy - 11 week 10 week therapy - 11 week 10 week 12 week8 after the IV induction dose) Tremfya Subcutaneous injection: Induction: 100 mg/mL in a single-dose prefiled per (Tremfya Pen) Induction: Induction at Week 2, Week 4, Week 8 Maintenance Week 0, Week 4, Week 8, Mereafter, or 200 mg administered by subcutaneous injection at Week 12, and every 8 Week thereafter, or 200 mg administered by subcutaneous injection at Week 12, and every 8 Week thereafter, or 200 mg administered by subcutaneous injection at Week 12, and every 8 Week thereafter, or 200 mg administered by subcutaneous injection at Week 12, and eve				Ū.							
Maintenance Therapy – 15 mg or 30 mg tablets Maintenance Therapy: 1 15 mg PO daily 3 mg PO daily Simponi 1 00mg/mL Smart Ject Auto Injector 1 00mg/mL Prefilled Syringe Loading Dose: Inject 100mg SUBQ every 4 Week0 then 100mg at Week 2 Maintenance Dose: Inject 100mg SUBQ every 4 Weeks Stelara 1 30mg/26mL solution single dose vial 90mg/mL Prefilled Syringe Date of Initial Infusion: Loading Dose: Infuse: 1250mg 390mg 520mg as nitial IV dose as directed by prescriber Maintenance Dose: Inject 100mg SUBQ every 8 weeks (begin dosing 8 weeks after the IV induction dose) Skyrizi Initiation Therapy – 600 mg/10 mL single use vial. Initiation Therapy – 10ject600mg IV overatleast 1 hourat Weeks 0.4.8.1 vial/week. Skyrizi Initiation Therapy – 360 mg/2.4 mL prefilled cartridge with On-Body Injector Initiation Therapy – Week 12 – Inject300mg SUBQ and every 8 weeks thereafter. 1 device with prefilled cartridge. Tremfya Subcutaneous Injection: 200 mg/2m Lin a single-dose prefilled pen (Tremfya Pen) 100 mg/mL in a single-dose prefilled syringe Intravenous Infusion: 200 mg/2m Lin a single-dose prefilled syringe Intravenous Infusion: 200 mg/20 mL (10 mg/mL) solution in a single-dose vial Induction: 100 mg administered by subcutaneous injection at Week 16, and every 8 Week thereafter. Use the lowest effective recommended dosage to maintain therapeuticresponse. Xeljanz Sing tablet 10 mg tablet 22 mg XRtablet Indug tose: 10 mg twice daily/cr 8 weeks 2 maintain therapeuticresponse.	=										
Maintenance Therapy – 15 mg or 30 mg tablets Maintenance Therapy: 1 5 mg PO daily 3 mg PO daily Simponi 100mg/mL Smart Ject Auto Injector 100mg/mL Prefilled Syringe Loading Dose: Inject 100mg SUBQ at Week0 then 100mg at Week 2 Maintenance Dose: Inject 100mg SUBQ every 4 Week8 Stelara 130mg/26mL solution single dose vial 90mg/mL Prefilled Syringe Date of Initial Infusion: Loading Dose: Inject 100mg SUBQ every 4 Week8 Skyrizi Initiation Therapy – 600 mg/10 mL single use vial Ongoing Therapy – 360 mg/2.4 mL prefilled cartridge with On-Body Injector Initiation Therapy – inject 600mg Woeratleast 1 hourat Weeks thereafter. 1 device with prefilled cartridge. Tremfya Subcutaneous Injection: 200 mg/20 mL in a single-dose prefilled pen (Tremfya Pen) 100 mg/mL in a single-dose prefilled pen (Tremfya Pen) 200 mg/20 mL in single-dose prefilled syringe Intravenous Infusion: 200 mg/20 mL (10 mg/mL) solution in a single-dose vial Induction: 100 mg administered by subcutaneous injection at Week 16, and every 8 Week 4, Week 8 Maintenance 200 mg/20 mL (10 mg/mL) solution in a single-dose vial Xeljanz Sing tablet 10 mg tablet 200 mg/20 mL (10 mg/mL) solution in a single-dose vial Induction: 100 mg twice daily/for 8 weeks 2 maintain therapeutic response.	□ Rinvoq			□ Induction Therap	y: 45 mg PO daily x 8 weeks.						
Image: Simponi 100mg/mL Smart Ject Auto Injector Image: Simponi 100mg/mL Prefilled Syringe Image: Stelara 130mg/26mL solution single dose vial Image: Stelara Image: Stelara Image: Stelara Initiation Therapy - 600 mg/10 mL single use vial. Image: Stelara Image: Stelara Image: Stelara		□ Maintenance Therapy – 15 mg or 30 mg		Maintenance Therapy:							
Simponi 100mg/mL Smart Ject Auto Injector Loading Dose: Inject 200 mg SUBQ at 100mg/mL Prefiled Syringe Maintenance Dose: Inject 100mg SUBQ every 4 Stelara 130mg/26mL solution single dose vial Solution SuBQ every 4 90mg/mL Prefiled Syringe Solution single dose vial Solution SuBQ every 4 90mg/mL Prefiled Syringe Solution therapy – 600 mg/10 mL single use vial. Coading Dose: Infues 250mg 3 solution versite the IV induction dose) Skyrizi Initiation Therapy – 600 mg/10 mL single use vial. Maintenance Dose: Infuest 200 mg SUBQ and every 8 weeks after the IV induction dose) Tremfya Subcutaneous Injection: Injector 100mg/mL in a single-dose prefilled pen (Tremfya Pen) 000 mg/2 mL in a single-dose prefilled syringe 100mg/mL in a single-dose prefilled syringe Induction: Doging Therapy-Week 12-Inject300 mg SUBQ and every 8 weeks thereafter. 1 device with prefiled cartridge. 200 mg/2 mL in a single-dose prefilled syringe Induction: Doging Therapy-Week 12, and every 8 Week thereafter, or 200 mg administered by subcutaneous injection at Week 12, and every 8 Week thereafter. Use the lowes et flective recommended dosage to maintain therapeutic response. 200 mg/2 mL (10 mg/mL) solution in a single-dose Loading Dose: 100mg atweeks 100mg tablet Smg tablet Maintenance Dose: Smg tablet		tablets									
100mg/mL Prefilled Syringe Week0 then 100mg at Week 2 Maintenance Dose: Inject 100mg SUBQ every 4 week3 130mg/2mL solution single dose vial 90mg/mL Prefilled Syringe Date of Initial Infusion: 0 100mg/mL Prefilled Syringe Date of Initial Infusion: 1 1 1 1 1 1 1 1	🗆 Simponi	100mg/ml_Smart Ject Auto Injector									
Stelara 130mg/26mL solution single dose vial Ueeks Stelara 90mg/mL Prefilled Syringe Loading Dose: Infuse: 220mg 390mg Date of Initial Infusion: & Weeks (begin dosing & Weeks after the Ninduction dose) Ninduction dose) Skyrizi Initiation Therapy – 600 mg/10 mL single use vial. Initiation Therapy – 360 mg/2.4 mL prefilled cartridge with On-Body Injector Initiation Therapy – 1 nject 600 mg/10 weeks after the Ninduction dose) Subcutareous Injection: 100 mg/mL in a single-dose One-Press patient-controlled injector Induction: 200 mg/2 mL in a single-dose prefilled syringe 200 mg/2 mL in a single-dose prefilled syringe 200 mg/20 mL in a single-dose prefilled syringe 200 mg/20 mL in a single-dose prefilled syringe Intravenous Infusion: 200 mg/20 mL (10 mg/mL) solution in a single-dose administered by subcutaneous injection at Week 12, and every 4 Weeks thereafter. Use the lowest effective recommended dosage to maintain therapeutic response. Xeljanz 5mg tablet I 10mg twice daily/or 8 weeks XR: 22mg once for 8 weeks 11mgXRtablet 22mgXRtablet Leading Dose: Ingutwee daily LR: 12mg once daily IVR: 22mg once daily		u u u u u u u u u u u u u u u u u u u	,								
90mg/mL Prefilled Syringe 520mg as initial IV dose as directed by prescriber Date of Initial Infusion:					e: Inject 100mg 50 bQ every 4						
Date of Initial Infusion: Maintenance Dose: Inject 90mg SUBQ every 8 weeks (begin dosing 8 weeks after the IV induction dose) Skyrizi Initiation Therapy – 600 mg/10 mL single use vial. Initiation Therapy – 1 inject 600 mg IV over atleast 1 hour at Weeks 0, 4, 8, 1 vial/week. Ongoing Therapy – 360 mg/2.4 mL prefilled cartridge with On-Body Injector Initiation Therapy – Inject 600 mg IV over atleast 1 hour at Weeks 0, 4, 8, 1 vial/week. Subcutaneous Injection: Induction: 200 mg/2 mL in a single-dose one-Press patient-controlled injector Induction: 200 mg/2 mL in a single-dose prefilled pen (Tremfya Pen) 100 mg/mL in a single-dose prefilled syringe 200 mg/2 mL in a single-dose prefilled syringe 100 mg dministered by subcutaneous injection at Week 16, and every 8 Week thereafter, or 200 mg administered by subcutaneous injection at Week 16, and every 8 Week thereafter. Use the lowest effective recommended dosage to maintain therapeutic response. Xeljanz 5mg tablet Ingr tablet 11mgXRtablet Inagr tablet XR: 22mgonce for 8 weeks 11mgXRtablet Smg tablet Maintenance Dose: 11mg Wice daily IXR: 12mg once daily Smg tablet Maintenance Dose:	🗆 Stelara	□ 130mg/26mL solution single	dose vial								
Date of Initial Initiation Therapy Steels after the Image: Skyrizi Initiation Therapy – 600 mg/10 mL single use vial. Imitiation Therapy – Inject600 mg/V overatleast 1 hourat Image: Skyrizi Ongoing Therapy – 360 mg/2.4 mL prefilled cartridge with On-Body Injector Imitiation Therapy – Meek 12-Inject 360 mg SUBQ and every 8 weeks thereafter. 1 device with prefilled cartridge. Image: Tremfya Subcutaneous Injection: Induction : Image: 100 mg/mL in a single-dose One-Press patient-controlled injector Induction : Image: 200 mg/2 mL in a single-dose prefilled pen (Tremfya Pen) Image: 200 mg/2 mL in a single-dose prefilled syringe Intravenous Infusion: 100 mg administered by subcutaneous injection at Week 16, and every 8 Week thereafter, or 200 mg administered by subcutaneous injection at Week 12, and every 4 Weeks thereafter. Use the lowest effective recommended dosage to maintain therapeutic response. Image: Xeljanz Smg tablet Image: Image											
Skyrizi Initiation Therapy – 600 mg/10 mL single use vial. Initiation Therapy – 1nject600 mg/V overatleast 1 hourat Ongoing Therapy – 360 mg/2.4 mL prefilled cartridge with On-Body Injector Initiation Therapy – 1nject600 mg/V overatleast 1 hourat Tremfya Subcutaneous Injection: Ongoing 2mL in a single-dose One-Press patient-controlled injector Induction: 100 mg/mL in a single-dose prefilled syringe Induction: 200 mg/2 mL in a single-dose prefilled syringe 200 mg/2 mL in a single-dose prefilled syringe Induction: 100 mg administered by subcutaneous injection at 200 mg/2 mL in a single-dose prefilled syringe Induction: 200 mg/2 mL in a single-dose prefilled syringe Intravenous Infusion: 200 mg/2 mL (10 mg/mL) solution in a single-dose Induction: 100 mg administered by subcutaneous injection at Week 10, and every 8 Week thereafter. Use the every 8 week thereafter. Use the lowest effective administered by subcutaneous injection at Week 10, and every 8 Week thereafter. 100 mg administered by subcutaneous injection at Week 12, and Very 4 Weeks thereafter. Use the lowest effective administered by subcutaneous injection at Week 12, and Intravenous Infusion: 100 mg tablet Infusion Infusion Infusion 100 mg tablet Xeljanz		Date of Initial Infusion:									
□ Ongoing Therapy – 360 mg/2.4 mL prefilled cartridge with On-Body Injector □ Ongoing Therapy – Week 12 – Inject 360 mg SUBQ and every 8 weeks thereafter. 1 device with prefilled cartridge. □ Tremfya Subcutaneous Injection: □ 100 mg/mL in a single-dose One-Press patient-controlled injector □ 200 mg/2 mL in a single-dose prefilled pen (Tremfya Pen) □ 100 mg/mL in a single-dose prefilled syringe □ 200 mg/2 mL (10 mg/mL) solution in a single-dose vial Induction: □ 200 mg administered by subcutaneous infusion over at least one hour at Week 0, Week 4, Week 8 Maintenance: □ 100 mg administered by subcutaneous injection at Week 16, and every 8 Week thereafter. Or 200 mg administered by subcutaneous injection at Week 16, and every 8 Week thereafter. Use the lowest effective recommended dosage to maintain therapeutic response. □ Xeljanz □ 5mg tablet □ 10mg tablet □ 11mgXRtablet □ Loading Dose: □ 22mgXRtablet □ 10mg twice dailyfor 8 weeks □ 10mg twice daily UXR: 11mg once daily				,							
cartridge with On-Body Injector Of Builty Pretaty - Week 12 - injectsooring substand every 8 weeks thereafter. 1 device with prefiled cartridge. Tremfya Subcutaneous Injection: 100 mg/mL in a single-dose One-Press patient-controlled injector 200 mg/2 mL in a single-dose prefilled pen (Tremfya Pen) 100 mg/mL in a single-dose prefilled syringe 200 mg/2 mL in a single-dose prefilled syringe 100 mg administered by subcutaneous injection at Week 16, and every 8 Week thereafter, or 200 mg administered by subcutaneous injection at Week 10, and every 8 Week thereafter. Use the lowest effective recommended dosage to maintain therapeutic response. Xeljanz 5mg tablet 10mg tablet 22mgXRtablet 22mgXRtablet 22mgXRtablet 22mgXRtablet 22mgXRtablet 10mg twice daily _XR: 22mg once daily 10mg twice daily _XR: 22mg once daily 10mg twice daily _XR: 22mg	🗆 Skyrizi			Weeks 0, 4, 8. 1vial/weel	k.						
Image: Tremfya Subcutaneous Injection: Induction: 100 mg/mL in a single-dose One-Press patient-controlled injector Induction: 200 mg administered by intravenous infusion over at least one hour at Week 0, Week 4, Week 8 200 mg/2 mL in a single-dose prefilled syringe 100 mg/mL in a single-dose prefilled syringe Maintenance: 200 mg/2 mL in a single-dose prefilled syringe 100 mg/mL in a single-dose prefilled syringe 100 mg administered by subcutaneous injection at 200 mg/2 mL (10 mg/mL) solution in a single-dose vial 200 mg administered by subcutaneous injection at Week 16, and every 8 Week thereafter, or 200 mg administered by subcutaneous injection at 200 mg/20 mL (10 mg/mL) solution in a single-dose vial Image: I											
injector least one hour at Week 0, Week 4, Week 8 200 mg/2 mL in a single-dose prefilled syringe 100 mg/mL in a single-dose prefilled syringe 200 mg/2 mL in a single-dose prefilled syringe 100 mg administered by subcutaneous injection at 200 mg/2 mL in a single-dose prefilled syringe 100 mg administered by subcutaneous injection at 200 mg/2 mL in a single-dose prefilled syringe 100 mg administered by subcutaneous injection at 200 mg/20 mL (10 mg/mL) solution in a single-dose vial Week 16, and every 8 Week thereafter, or 200 mg administered by subcutaneous injection at Week 12, and every 4 Weeks thereafter. Use the lowest effective recommended dosage to maintain therapeutic response. Xeljanz 5mg tablet Img tablet 11mgXRtablet XR: 22mgonce for 8 weeks XR: 22mgonce for 8 weeks 22mgXRtablet 10mg twice daily XR: 22mg once daily 10mg twice daily XR: 22mg once daily	🗆 Tremfya	Subcutaneous Injection:			·						
Image: Second			Press patient-controlled								
^{\[]} 200 mg/2 mL in a single-dose prefilled syringe Week 16, and every 8 Week thereafter, or 200 mg administered by subcutaneous injection at Week 12, and every 4 Weeks thereafter. Use the lowest effective recommended dosage to maintain therapeutic response. Xeljanz Smg tablet 10mg tablet 11mgXRtablet 22mgXRtablet Loading Dose: Smg taily TR: 12mg once daily		200 mg/2 mL in a single-dose prefi		Maintenance:							
Intravenous Infusion: administered by subcutaneous injection at Week 12, and every 4 Weeks thereafter. Use the lowest effective recommended dosage to maintain therapeutic response. Xeljanz 5mg tablet 10mg tablet Xeljanz 11mgXRtablet XR: 22mgonce for 8 weeks 22mgXRtablet 10mg twice daily XR: 11mg once daily 10mg twice daily 10mg twice daily 22mgXRtablet 10mg twice daily											
vial recommended dosage to maintain therapeutic response. Xeljanz 5mg tablet 10mg tablet Loading Dose: 11mgXRtablet XR: 22mgonce for 8 weeks 22mgXRtablet Maintenance Dose: 10mg twice daily XR: 22mg once daily 10mg twice daily XR: 22mg	Intravenous Infusion:										
Xeljanz 5mg tablet I Loading Dose: 10mg twice dailyfor 8 weeks 10mg tablet XR: 22mgonce for 8 weeks XR: 22mgonce for 8 weeks 11mgXRtablet Maintenance Dose: 5mgtwice daily IXR: 11mg 22mgXRtablet 10mg twice daily IXR: 22mg 10mg twice daily IXR: 22mg											
□ 10mg tablet □ XR: 22mgonce for 8 weeks □ 11mgXRtablet □ 5mgtwicedaily □XR:11mg □ 22mgXRtablet □ 10mg twice daily □XR: 22mg □ 10mg twice daily □XR: 22mg □ nong twice daily □XR: 22mg											
Image: State of the sector	🗆 Xeljanz	-		□ Loading Dose:							
□ 1111gXRtablet once daily □ 22mgXRtablet □ 10mg twice daily □XR: 22mg once daily □XR: 22mg											
once daily				once daily							
Prescriber Signature:DAW (Dispense as Written)	1				10mg twice daily 22mg	1	1				
Prescriber Signature:DAW (Dispense as Written)											

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 intend recipient, please notify us immediately by calling or faxing back to the originator.