

**Humana Specialty Pharmacy®**

Monday – Friday, 8 a.m. – 11 p.m., and  
Saturday, 8 a.m. – 6:30 p.m., Eastern time

Remove above portion before faxing. Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

**Inflammatory Bowel Disease Pediatric Prescription Form**

**Patient information**

Patient: \_\_\_\_\_  Female  Male DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  lb  kg Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Caregiver: \_\_\_\_\_ Caregiver phone #: \_\_\_\_\_  
 Other medical conditions: \_\_\_\_\_ Allergies:  No  Yes: \_\_\_\_\_  
 Insurance plan: \_\_\_\_\_ Plan ID #: \_\_\_\_\_ BIN: \_\_\_\_\_ PCN: \_\_\_\_\_ Group #: \_\_\_\_\_  
 \*Please send a copy of the patient's prescription insurance card if available.

**Clinical information**

ICD-10 code(s): \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Diagnosis date: \_\_\_\_\_  
 New therapy  Continuing therapy  Investigational therapy Concurrent medications: \_\_\_\_\_  
 If applicable, please provide each previous therapy and its dates:  
 Therapy: \_\_\_\_\_ Discontinuation reason: \_\_\_\_\_ Dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Prescription information**

Note: Ohio law allows one prescription per preprinted order form. Please use additional forms for more than one prescription.

Medication	Dose	Directions	Quantity	Refills
<input type="checkbox"/> Humira	<b>Initial dose Crohn's disease:</b> <input type="checkbox"/> Crohn's disease pediatric 80 mg/0.8 mL starter pack (three syringes) CF ( $\geq 40$ kg) <input type="checkbox"/> Crohn's disease pediatric starter pack (one 40 mg/0.4 mL syringe, one 80 mg/0.8 mL syringe)(two syringes) CF (17–39 kg)	<b>Initial dose Crohn's disease:</b> <input type="checkbox"/> Inject 160 mg SQ on day 1, then 80 mg SQ on day 15 <input type="checkbox"/> Inject 80 mg SQ on day 1 and 2, then 80 mg SQ on day 15 <input type="checkbox"/> Inject 80 mg SQ on day 1, then 40 mg SQ on day 15	Quantity sufficient for initial dose	0
	<b>Initial dose ulcerative colitis:</b> <input type="checkbox"/> Ulcerative colitis pediatric 80 mg/0.8 mL pen starter pack (four pens) CF ( $\geq 40$ kg) <input type="checkbox"/> Humira pen 40 mg/0.4 mL carton (two pens) CF (20–39 kg)	<b>Initial dose ulcerative colitis:</b> <input type="checkbox"/> Inject 160 mg SQ on day 1, then 80 mg on day 8 and 15 <input type="checkbox"/> Inject 80 mg SQ on day 1 & 2, then 80 mg on day 8 and 15 <input type="checkbox"/> Inject 80 mg SQ on day 1 and 40 mg SQ on day 8 and 15		
	<b>Maintenance dose:</b> <input type="checkbox"/> 20 mg/0.2 mL PFS CF <input type="checkbox"/> 40 mg/0.4 mL pen CF <input type="checkbox"/> 40 mg/0.4 mL PFS CF <input type="checkbox"/> 80 mg/0.8 mL pen CF	<input type="checkbox"/> Inject 20 mg SQ every other week <input type="checkbox"/> Inject 20 mg SQ once weekly <input type="checkbox"/> Inject 40 mg SQ every other week <input type="checkbox"/> Inject 40 mg SQ once weekly <input type="checkbox"/> Inject 80 mg SQ every other week	<input type="checkbox"/> 28-day supply	
<input type="checkbox"/> Remicade	100 mg vial	<b>Loading dose:</b> <input type="checkbox"/> Infuse _____ mg IV at weeks 0, 2 and 6 <b>Maintenance dose:</b> <input type="checkbox"/> Infuse _____ mg IV every 8 weeks	<input type="checkbox"/> 42-day supply <input type="checkbox"/> 56-day supply	0
<input type="checkbox"/> Other	_____			

**Prescriber and shipping information (please print)**

Prescriber: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Ship to:  Patient  Office  Other: \_\_\_\_\_  
 Office address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Office phone number: \_\_\_\_\_ Office fax number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We will dispense this prescription as generic, unless the prescriber indicates "Dispense as Written" here: \_\_\_\_\_  
 The prescriber is to comply with his/her state-specific prescription requirements, such as e-prescribing, state-specific prescription form and fax language. Noncompliance with state-specific requirements could result in outreach to the prescriber.