



SPECIALTY PHARMACY

IMMUNOLOGY

New Orleans, LA toll free 888.355.4191 toll free fax 888.355.4192

krogerspecialtypharmacy.com

DATE: _____ NEEDS BY DATE: _____ SHIP TO: OFFICE

PATIENT INFO	
Patient Name	
Address	
City, State, Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female

PRESCRIBER INFO		
Prescriber Name		
DEA #	NPI #	License #
Address		
City, State, Zip		
Phone	Fax	
Contact Person		

PLEASE FAX COPY OF: PRESCRIPTION CARD FRONT & BACK CLINICAL NOTES MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: J45.40 Moderate Asthma J45.50 Severe Asthma L20.9 Atopic Dermatitis L50.1 Chronic Idiopathic Urticaria (CIU)
 Other: Dx code _____ Condition _____

Drug Allergies: _____

Concomitant therapies: Short-acting beta agonist Long-acting beta agonist Antihistamines Decongestants Immunotherapy
 Inhaled corticosteroid Leukotriene modifiers Oral steroids Nasal steroids Other: _____

Please list therapies: _____

Lab results: History of positive skin OR RAST test to a perennial aeroallergen
 Pretreatment serum IgE level _____ IU per mL Test date _____ Patient weight _____ kg Date weight obtained _____

MD Specialty: Allergist Pulmonologist ENT Primary care Pediatrician Dermatologist Other: _____

Prescription type: Naïve/new start Restart Continued Therapy Last injection date: _____

PRESCRIPTION INFORMATION			QUANTITY	REFILLS
<input type="checkbox"/> Dupixent®	300mg/2mL PFS w/ shield	<input type="checkbox"/> Load: Inject 600mg (2-300mg injections in different injection sites) on Day 1, then 300mg on Day 15, then 300mg every other week. <input type="checkbox"/> Maintenance: Inject 300mg subcutaneously every other week	2 syringes 2 syringes	none _____
<input type="checkbox"/> Fasenra®		Please complete Fasenra Access 360 Enrollment Form and fax to Kroger SP at 888-355-4192		
<input type="checkbox"/> Nucala® (Patients with Asthma)	Diluent: 1.2mL of sterile water for Injection, USP, preferably using a 2 or 3mL syringe and a 21-gauge needle. The reconstituted solution will contain a concentration of 100mg/mL mepolizumab.	Inject 100mg subcutaneously once every 4 weeks	28 day supply	_____
<input type="checkbox"/> Nucala® (Patients with EGPA)	Diluent: 1.2mL of sterile water for Injection, USP, preferably using a 2 or 3mL syringe and a 21-gauge needle. The reconstituted solution will contain a concentration of 100mg/mL mepolizumab.	Inject 300mg (3-100mg injections) subcutaneously once every 4 weeks	28 day supply	_____
<input type="checkbox"/> Xolair® (Patients with Allergic Asthma)	<input type="checkbox"/> 75mg PFS <input type="checkbox"/> 150mg PFS <input type="checkbox"/> Vials* *Diluent: 10-mL vial preservative-free sterile water for injection, USP; ancillary supplies: 3mL syringes as needed for re-constitution; 25-gauge needles as needed for administration.	<input type="checkbox"/> Inject 75mg subcutaneously once every 4 weeks <input type="checkbox"/> Inject 150mg subcutaneously once every 4 weeks <input type="checkbox"/> Inject 225mg subcutaneously once every 2 weeks <input type="checkbox"/> Inject 225mg subcutaneously once every 4 weeks <input type="checkbox"/> Inject 300mg subcutaneously once every 2 weeks <input type="checkbox"/> Inject 300mg subcutaneously once every 4 weeks <input type="checkbox"/> Inject 375mg subcutaneously once every 2 weeks	28 day supply	_____
<input type="checkbox"/> Xolair® (Patients with CIU)	<input type="checkbox"/> 75mg PFS <input type="checkbox"/> 150mg PFS <input type="checkbox"/> Vials* *Diluent: 10-mL vial preservative-free sterile water for injection, USP; ancillary supplies: 3mL syringes as needed for re-constitution; 25-gauge needles as needed for administration.	<input type="checkbox"/> Inject 150mg subcutaneously once every 4 weeks <input type="checkbox"/> Inject 300mg subcutaneously once every 4 weeks	28 day supply	_____
<input type="checkbox"/> EpiPen®	<input type="checkbox"/> EpiPen®: Injection, 0.3mg: 0.3mg/0.3mL epinephrine, USP, pre-filled auto-injector <input type="checkbox"/> EpiPen Jr®: Injection, 0.15mg: 0.15mg/0.3mL epinephrine, USP, pre-filled auto-injector	Inject EpiPen® 0.3mg intramuscularly or subcutaneously in Patients greater than or equal to 30kg (66lbs) Inject EpiPen Jr® 0.15mg intramuscularly or subcutaneously in Patients 15 to 30kg (33lbs to 66lbs)	2 2	0 0
<input type="checkbox"/> Other				

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted Date Prescriber's Signature (no stamps) Dispense As Written Date

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