



SPECIALTY PHARMACY

PEDIATRIC GASTROENTEROLOGY

New Orleans, LA toll free 888.355.4191 toll free fax 888.355.4192

krogerspecialtypharmacy.com

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

PATIENT INFO		PRESCRIBER INFO		
Patient Name		Prescriber Name		
Address		DEA #	NPI #	License #
City, State, Zip		Address		
Main Phone	Alternate Phone	City, State, Zip		
Social Security #		Phone	Fax	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Contact Person		

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

CLINICAL INFORMATION

Diagnosis: Pediatric Crohn's Disease: 555.9 Pediatric Ulcerative Colitis: 556.0

Drug Allergies: _____

Prior Failed Meds: _____ Length of Treatment _____ Reason for Discontinuing _____
 _____ Length of Treatment _____ Reason for Discontinuing _____
 _____ Length of Treatment _____ Reason for Discontinuing _____

Patient Weight (kg) _____ Does patient have a latex allergy? Yes No TB/PPD Test given or intended to be given before start? Yes No

PRESCRIPTION INFORMATION			QUANTITY	REFILLS
<input type="checkbox"/> Humira [®] Citrate Free	<input type="checkbox"/> Pediatric Crohn's Disease Starter Package (2 count) 80mg/0.8mL, 40mg/0.4mL in a single-use prefilled glass syringe <input type="checkbox"/> Pediatric Crohn's Disease Starter Package (3 count) 80mg/0.8mL in a single-use prefilled glass syringe <input type="checkbox"/> 20mg Pre Filled Syringe <input type="checkbox"/> 40mg Pre Filled Syringe <input type="checkbox"/> 40mg Pre Filled Pen	17kg (37 lbs) to < 40kg (88lbs): <input type="checkbox"/> Load: Inject 80mg on Day 1, then inject 40mg two weeks later on Day 15 <input type="checkbox"/> Maintenance (begins on Day 29): Inject 20mg every other week ≥ 40kg (88lbs): <input type="checkbox"/> Load: Inject 160mg on Day 1 given as two 80mg injections in one day or over 2 consecutive days, then inject 80mg two weeks later on Day 15 <input type="checkbox"/> Maintenance (begins on Day 29): Inject 40mg every other week	Loading Dose 4 week supply	None _____
<input type="checkbox"/> Humira [®]	<input type="checkbox"/> Pediatric Crohn's Disease Starter Package (3 count) 80mg/0.8mL in a single-use prefilled glass syringe <input type="checkbox"/> Crohn's Starter Package (6 count) 40mg single-use pen <input type="checkbox"/> 20mg Pre Filled Syringe <input type="checkbox"/> 40mg Pre Filled Syringe <input type="checkbox"/> 40mg Pre Filled Pen	17kg (37 lbs) to < 40kg (88lbs): <input type="checkbox"/> Load: Inject 80mg on Day 1, then inject 40mg two weeks later on Day 15 <input type="checkbox"/> Maintenance (begins on Day 29): Inject 20mg every other week ≥ 40kg (88lbs): <input type="checkbox"/> Load: Inject 160mg on Day 1 given as two 80mg injections in one day or over 2 consecutive days, then inject 80mg two weeks later on Day 15 <input type="checkbox"/> Maintenance (begins on Day 29): Inject 40mg every other week	Loading Dose 4 week supply	None _____
<input type="checkbox"/> Remicade [®] Wt: _____	100mg of lyophilized infliximab in a 20mL vial for intravenous infusion	Pediatric Crohn's Disease <input type="checkbox"/> Load: Infuse _____mg (5mg/kg) at 0, 2 and 6 weeks <input type="checkbox"/> Maintenance: Infuse _____mg (5mg/kg) every 8 weeks (Start Day 98) Pediatric Ulcerative Colitis <input type="checkbox"/> Load: Infuse _____mg (5mg/kg) at 0, 2 and 6 weeks <input type="checkbox"/> Maintenance: Infuse _____mg (5mg/kg) every 8 weeks (Start Day 98)	Loading Dose 8 week supply	None _____

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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