



SPECIALTY PHARMACY

PULMONOLOGY

Orlando, FL toll free 855.274.1694 toll free fax 844.306.0200

krogerspecialtypharmacy.com

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

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

PRESCRIBER INFORMATION		
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 J45.901 Allergic Asthma
 Other: Dx code _____ Condition _____ Eosinophil levels: _____
 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: Pulmonologist _____
 Prescription type: Naive/new start Restart Continued Therapy Last injection date: _____

		PRESCRIPTION INFORMATION	QUANTITY	REFILLS
<input type="checkbox"/> Dupixent*		Please complete Dupixent MyWay™ Enrollment Form and fax to Kroger SP at 844.306.0200.		
<input type="checkbox"/> Esbriet*	<input type="checkbox"/> 267mg Capsules <input type="checkbox"/> 267mg Tablets <input type="checkbox"/> 801mg Tablets	<input type="checkbox"/> Initial 14 day Titration: Days 1 - 7: 267mg three times daily (801mg/day) Days 8 - 14: 534mg three times daily (1602mg/day) Days 15+: 801mg three times daily (2403mg/day) <input type="checkbox"/> Take orally 801mg three times daily (2403 mg/day) with food		
<input type="checkbox"/> Fasenra™		Please complete Fasenra Access 360™ Enrollment Form and fax to Kroger SP at 844.306.0200.		
<input type="checkbox"/> Nucala*	<input type="checkbox"/> 100mg pre-filled auto-injector <input type="checkbox"/> 100mg PFS <input type="checkbox"/> 100mg Vial* <small>*supplies to be dispensed: One 10mL vial sterile water for injection for every vial of Nucala dispensed, alcohol swabs, 3 mL Luer lock injection syringe, NDL 21G needle for reconstitution, 1mL polypropylene syringe with 21G to 27G x 1/2" needle for subcutaneous injection</small> <input type="checkbox"/> No supplies requested (supplies will be sent with shipment unless indicated)	<input type="checkbox"/> Patients with Asthma Inject 100mg subcutaneously once every 4 weeks <input type="checkbox"/> Patients with EGPA Inject 300mg (3-100mg injections) subcutaneously once every 4 weeks	28 day supply 28 day supply	_____ _____
<input type="checkbox"/> Xolair* (Patients with Allergic Asthma)	<input type="checkbox"/> 75mg PFS <input type="checkbox"/> 150mg PFS <input type="checkbox"/> 150mg Vial* <small>*supplies to be dispensed: One 10mL vial sterile water for injection for every vial of Xolair dispensed, alcohol swabs, 3mL Luer Lock injection syringe, NDL 18G x 1 1/2" Safety Glide needle for reconstitution, NDL 25G x 5/8" Safety Glide needle for subcutaneous injection</small> <input type="checkbox"/> No supplies requested (supplies will be sent with shipment unless indicated)	<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"/> EpiPen* (Injection)	0.3mg/0.3mL pre-filled auto-injector	Inject EpiPen® 0.3mg intramuscularly or subcutaneously in Patients greater than or equal to 30kg (66lbs)	2	0
<input type="checkbox"/> EpiPen® Jr (Injection)	0.15mg/0.3mL pre-filled auto-injector	Inject EpiPen® Jr 0.15mg intramuscularly or subcutaneously in Patients 15 to 30kg (33lbs to 66lbs)	2	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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