



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*	<input type="checkbox"/> Pediatric Crohn's Disease Starter Package (3 count) 40mg/0.8 mL in a single-use prefilled glass syringe <input type="checkbox"/> Pediatric Crohn's Disease Starter Package (6 count) 40mg/0.8 mL in a single-use prefilled glass syringe <input type="checkbox"/> Crohn's Starter Package (6 count) 40mg single-use pen <input type="checkbox"/> 20 mg Pre Filled Syringe <input type="checkbox"/> 40 mg Pre Filled Syringe <input type="checkbox"/> 40 mg Pre Filled Pen	17kg (37 lbs) to < 40kg (88lbs): <input type="checkbox"/> Load: Day 1: Inject 80mg (two 40mg injections in one day), then on Day 15 (two weeks later) give 40mg injection <input type="checkbox"/> Maintenance begins two weeks later: Day 29: Inject 20mg every other week ≥ 40kg (88lbs): <input type="checkbox"/> Load: Day 1: Inject 160mg given as <input type="checkbox"/> four 40mg injections in one day OR <input type="checkbox"/> two 40mg injections per day for two days in a row, then on Day 15 (two weeks later) give 80mg (two 40mg injections) in one day <input type="checkbox"/> Maintenance begins two weeks later: Day 29: Inject 40mg every other week	Loading Dose 4 week supply	None _____
<input type="checkbox"/> Remicade*	<input type="checkbox"/> 100 mg of lyophilized infliximab in a 20 mL vial for intravenous infusion	Pediatric Crohn's Disease <input type="checkbox"/> Load: 5mg/kg at 0, 2 and 6 weeks <input type="checkbox"/> Maintenance: 5mg/kg every 8 weeks (Start Day 98) Pediatric Ulcerative Colitis <input type="checkbox"/> Load: 5mg/kg at 0, 2 and 6 weeks <input type="checkbox"/> Maintenance: 5mg/kg every 8 weeks (Start Day 98)	Loading Dose 8 week supply Loading Dose 8 week supply	None _____ None _____

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and it's 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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