PEDIATRIC GASTROENTEROLOGY

SPECIALTY PHARMACY

Orlando, FL **toll free** 855.274.1694 **toll free fax** 855.819.6922

krogerspecialtypharmacy.com

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

PATIENT INFO

Patient Name
Address
City, State, Zip
Main Phone Alternate Phone
Social Security #
Date of Birth ❑ Male ❑ 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: ❑ 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
❑ Humira®	❑ Pediatric Crohn's Disease Starter Package (3 count) 40mg/0.8 mL in a single-use prefilled glass syringe ❑ Pediatric Crohn's Disease Starter Package (6 count) 40mg/0.8 mL in a single-use prefilled glass syringe ❑ Crohn's Starter Package (6 count) 40mg single-use pen ❑ 20 mg Pre Filled Syringe ❑ 40 mg Pre Filled Syringe ❑ 40 mg Pre Filled Pen	**17kg (37 lbs) to < 40kg (88lbs):** ❑ Load: Day 1: Inject 80mg (two 40mg injections in one day), then on Day 15 (two weeks later) give 40mg injection ❑ Maintenance begins two weeks later: Day 29: Inject 20mg every other week **≥ 40kg (88lbs):** ❑ Load: Day 1: Inject 160mg given as ❑ four 40mg injections in one day OR ❑ 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 ❑ Maintenance begins two weeks later: Day 29: Inject 40mg every other week	Loading Dose 4 week supply Loading Dose 4 week supply	None _____ None _____
❑ Remicade®	❑ 100 mg of lyophilized infliximab in a 20 mL vial for intravenous infusion	**Pediatric Crohn's Disease** ❑ Load: 5mg/kg at 0, 2 and 6 weeks ❑ Maintenance: 5mg/kg every 8 weeks (Start Day 98) **Pediatric Ulcerative Colitis** ❑ Load: 5mg/kg at 0, 2 and 6 weeks ❑ 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