

FAX FORM TO: 1.866.233.8317

PHONE: 1.855.492.0817

EMAIL: [contact@bluegrass-rx.com](mailto:contact@bluegrass-rx.com)

Complete the following or include demographic sheet.

1. PATIENT INFORMATION		2. PRESCRIBER INFORMATION	
Name: _____		Name: _____	
Address: _____		DEA #: _____ NPI #: _____ State Lic. #: _____	
City, State, ZIP: _____		Group or Hospital: _____	
Primary Phone: - - - - - DOB: / /		Address: _____	
Alternate Phone: - - - - - Gender: _____		City, State, Zip: _____	
Email: _____		Phone: - - - - - Fax: - - - - -	
Primary Language: _____ Last Four of SSN: _____		Contact Person: _____ Phone: - - - - -	

3. INSURANCE INFORMATION		<i>Fax copy of prescription and insurance cards with this form, if available (front and back)</i>	
Primary Insurance Company Name: _____		Secondary Insurance Company Name: _____	
Primary Cardholder Name: _____		Secondary Cardholder Name: _____	
Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent		Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent	
Phone: - - - - - Member ID: _____ Group #: _____		Phone: - - - - - Member ID: _____ Group #: _____	

4. DIAGNOSIS AND CLINICAL INFORMATION	
Needs by Date: / /	Ship to: <input type="radio"/> Patient <input type="radio"/> Office <input type="radio"/> Other:
Date of Diagnosis: / /	Enterocutaneous/rectovaginal fistulas? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> B16.9 Acute hepatitis B w/o delta-agent or hepatic coma	Has patient been diagnosed with heart failure? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> B18.1 Chronic viral hepatitis B w/o delta-agent	Has patient been diagnosed with lymphoma? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> K50.00 Crohn's disease of small intestine w/o complications	Does patients have serious/active infection? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> K50.10 Crohn's disease of large intestine w/o complications	Has TB test been performed? <input type="radio"/> Yes <input type="radio"/> No If yes, results: _____
<input type="radio"/> K50.80 Crohn's disease of small and large intestine w/o complications	Is patient at risk for hepatitis B infection? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> K50.90 Crohn's disease, unspecified, w/o complications	If yes, has hepatitis B been ruled out or treatment initiated? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> K51.80 Other ulcerative colitis without complications	Does patient have a latex allergy? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Other: _____	Are there any contraindications to previous treatments? <input type="radio"/> Yes <input type="radio"/> No
Crohn's severity: <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> N/A	If yes, drug: _____ Reason: _____
Prior (failed) medications: _____	Does patient require injection training? <input type="radio"/> Yes <input type="radio"/> No
Allergies: _____	If no, reason: <input type="radio"/> Patient is independent
Current Medications: _____	<input type="radio"/> Patient trained by MD or referred to alternate trainer
Height (in/cm): _____ Weight (lb/kg): _____	

5. PRESCRIPTION INFORMATION				
Medication	Dose/Strength	Directions	Quantity	Refills
<input type="radio"/> Baraclude™	<input type="radio"/> 0.5 mg <input type="radio"/> 1 mg			
<input type="radio"/> Cimzia™	<input type="radio"/> Cimzia starter kit	<input type="radio"/> Induction dose: Inject SQ 400 mg (2 vials) on day 1, and at weeks 2 and 4.	1 kit (6 vials)	
	<input type="radio"/> 200 mg/1 ml PFS	<input type="radio"/> Maintenance dose: Inject SQ 400 mg (2 vials) every 4 weeks.	1 kit (2 vials)	
	<input type="radio"/> 200 vial	<input type="radio"/> Other: _____		
<input type="radio"/> Eпивir HBV™	100 mg			
<input type="radio"/> Hepsera™	10 mg			
<input type="radio"/> Humira™	<input type="radio"/> Crohn's starter package	<input type="radio"/> Induction dose: Inject SQ 160 mg (4 pens) on day 1, then 80 mg (2 pens) on day 15, then maintenance dosing	1 kit	
	<input type="radio"/> 40 mg self injectable pen	<input type="radio"/> Maintenance dose: Inject SQ 40 mg (one pen) every other week.	1 kit	
	<input type="radio"/> 40 mg PFS	<input type="radio"/> Maintenance dose: Inject SQ 40 mg (one syringe) every other week.		
<input type="radio"/> Remicade™	<input type="radio"/> 100 mg vial	<input type="radio"/> Induction dose: IV at 5 mg/kg (Dose = _____mg) at 0, 2, and 6 weeks.	# of 100 mg vials: _____	
	_____mg/kg	<input type="radio"/> Maintenance dose: IV at 5 mg/kg (Dose = _____mg every 8 weeks)		
		<input type="radio"/> Other: _____		
<input type="radio"/> Simponi™		<input type="radio"/> Induction dose: Inject 200 mg SQ initially, followed by 100 mg at week 2, and then 100 mg and then 100 mg every 4 weeks		
		<input type="radio"/> Maintenance dose: Inject 100 mg SQ every 4 weeks		
<input type="radio"/> Solesta™	<input type="radio"/> Four 1ml PFS w/ needles			
<input type="radio"/> Tysabri™				
<input type="radio"/> Tyzeka™ (LD)*	(LD)* This is a limited distribution drug that requires additional handling. Please call (1.855.492.0817) for more information.			
<input type="radio"/> Viread™				
<input type="radio"/> Zorbitive™	8.8 mg vial			

Ancillary supplies and kits will be provided as needed for administration.

6. PRESCRIBER SIGNATURE	
X _____ / /	X _____ / /
DISPENSE AS WRITTEN	PRODUCT SUBSTITUTION PERMITTED
DATE	DATE

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address or telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.