



PEDIATRIC GASTROENTEROLOGY

GASTRO HEALTH

Specialty Pharmacy

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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		

INSURANCE: PLEASE FAX COPY OF PRESCRIPTION CARD & MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

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

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

PRESCRIPTION INFORMATION		QUANTITY	REFILLS	
<input type="checkbox"/> Humira®	Pediatric Crohn's Disease Starter Package (6 count) 40 mg/0.8 mL in a single use prefilled glass syringe Pediatric Crohn's Disease Starter Package (3 count) 40 mg/0.8 mL in a single use prefilled glass syringe	Pediatric Crohn's Disease <input type="checkbox"/> 17 kg (37 lbs) to < 40 kg (88lbs): • Initial dose (Day 1): 80 mg (two 40 mg injections in one day) • Second dose two weeks later (Day 15): 40 mg • Two weeks later (Day 29): Begin a maintenance dose of 20 mg every other week. <input type="checkbox"/> ≥ 40 kg (88 lbs): • Initial dose (Day 1): 160 mg (four 40 mg injections in one day or two 40 mg injections per day for two consecutive days) • Second dose two weeks later (Day 15): 80 mg (two 40mg injections in one day) • Two weeks later (Day 29): Begin a maintenance dose of 40 mg every other week.	<input type="checkbox"/> 1 Starter Package (3 count) Maintenance/4 week supply 20 mg/0.4 mL in a single use pre-filled glass syringe <input type="checkbox"/> 1 Starter Package (6 count) Maintenance/4 week supply 40 mg/0.8 mL in a single use pre-filled glass syringe	
<input type="checkbox"/> Remicade®	100 mg of lyophilized infliximab in a 20 mL vial for intravenous infusion.	Pediatric Crohn's Disease • 5 mg/kg at 0, 2 and 6 weeks, then every 8 weeks Pediatric Ulcerative Colitis • 5 mg/kg at 0, 2 and 6 weeks, then every 8 weeks.	4 week supply	

By signing this form and utilizing our services, you are authorizing Gastro Health 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)

If Brand required check DAW

Date

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