Pharmax SPECIALTY PHARMACY

CROHN'S DISEASE REFERRAL FORM

TEL 813.880.2500
FAX 813.880.2501
TOLL FREE 1.866.880.2507

PATIENT INFORMATION

Name:_____ Address:_____ _____ _____ Phone:_____

SSN:_____ DOB:_____ Sex:_____

Weight:_____ Height:_____ Allergies:_____ Ship to: ☐ Patient ☐ Clinic

INSURANCE

Prescription Card: _____ Name of Insurer:_____ ID#_____ BIN:_____ PCN:_____

Group:_____ (please attach copies of insurance cards)

DIAGNOSIS

☐ K50.0 Crohn's Disease ☐ K51.9 Ulcerative Colitis Has TB test been done? ☐Yes ☐No Date: _____

Test Result:_____ Does the patient have an active infection? ☐Yes ☐No

Current medications including OTC:_____

Prior Failed Medications? _____ Start Date: _____ End Date: _____

Reason for DC: _____

PRESCRIPTION INFORMATION

Medication	Dose	Directions	Quantity	Refill
☐ Cimzia (Certolizumab)	☐ 200 mg/ml PFS	☐ **Initial:** Inject 400 mg SC at 0, 2 And 4 weeks	☐ 6 X 200 mg/ml	0
	☐ 200 mg vials	**Maintenance:** ☐ Inject 400 mg SC every 4 weeks	☐ 2 X 200 mg/ml	_____
☐ Humira (Adalimumab)	☐ 40 mg/0.8ml pens	☐ **Initial - 160 mg SC on day 1, then 80 mg SC on Day 15**	☐ 6 X 40 mg/0.8ml	0
		Maintenance: ☐ 40 mg SC every other week beginning on Day 29 ☐ 40 mg SC every week	☐ 2 X 40 mg/0.8ml ☐ 4 X 40 mg/0.8ml	_____ _____
☐ Simponi (Golimumab)	☐ 100 mg/ml Autoinjector	☐ Initial 200 mg SC at week 0, then 100 mg at week 2	☐ 3 X 100 mg/ml	0
	☐ 100 mg/ml PFS	Maintenance: ☐ 100 mg SC every 4 weeks	☐ 1 X 100 mg/ml	_____
☐ Stelara (Ustekinumab)	☐ 130 mg/26ml vial	Initial: ☐ ≤55 Kg: 260 mg IV x 1 ☐ >55-85 Kg: 390 mg IV x 1 ☐ >85 Kg: 520 mg IV x 1	☐ 2 X 130 mg/26ml ☐ 3 X 130 mg/26ml ☐ 4 X 130 mg/26ml	0 0 0
	☐ 90 mg PFS	Maintenance: ☐ 90 mg SC every 8 weeks (Start 8 weeks after IV Induction)	☐ 1 X 90 mg/ml	_____
☐ Other				

PRESCRIBER INFORMATION

Physicain Name:_____ Address:_____

State License#:_____ NPI:_____ DEA:_____

Phone #:_____ Fax #:_____ Office Contact Name /Number:_____

Prescriber's Signature:_____ Date:_____

I authorize pharmax specialty pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.