

PATIENT INFORMATION									
Patient Name :	DOB:	Preferred Phone :							
SSN#:		Language :	English	Other					
Address:		Sex: Male	Female	Height:	Weight:	lbs	kg		
City:	State:	Zip:	Known Allergies :						

*** PLEASE FAX FRONT/BACK COPY OF PHARMACY BENEFIT CARD, MEDICAL INSURANCE CARD, NOTES, LABS & TESTS WITH THE PRESCRIPTION TO EXPEDITE PROCESSING ***

PRESCRIBER INFORMATION									
Prescriber Name:	DEA#:	NPI#:	Tax ID#:						
Address:	Phone:		E-mail :						
City:	State:	Zip:	Key Contact:	Phone :			Fax:		
STATUS UPDATE PREFERENCE: Phone Text Fax E-mail:									

DIAGNOSIS/CLINICAL INFORMATION									
ICD-10 Code :									
History: Has the patient been treated previously for this condition? Yes No									
NSAIDS	Duration	Sulfasalazine	Duration	Corticosteroid	Duration				
MTX	Duration	5-ASA (5-Aminosalicylates)	Duration	6-MP (6-Mercaptopurine)	Duration				
Biologics	Duration	Azathioprine	Duration	Other	Duration				
Is the patient currently on any therapy? Yes No List Meds:									
Will patient stop taking meds before starting the new med? Yes No									
How long will the patient wait before starting the new med?									
Other meds patient is on?									
What type of TB test did patient receive. PDD QFT-G Results:									
Gallbladder removal?* Yes No Hepatic impairment?* Yes No Child-Pugh class:* *									
Pertains only to VIBERZI™ prescriptions									

PRESCRIPTION INFORMATION				
MEDICATION	DOSE/STRENGTH	SIG	QTY.	REFILLS
CIMZIA	200x2 Prefilled Syringe	Starter Kit: Inject 400 mg SC at weeks 0, 2 and 4. Inject 400 mg SC once every 4 weeks.	4-week supply	
DIHCID	200 mg Tablets	One 200 mg tablet orally twice daily for 10 days with or without food.	10-day supply	
DONNATAL	Tablets DAW	One or two tablets three or four times daily as directed by physician.	180 ct 100 ct	
ENTYVIO	300 mg Vial	Loading Dose : Infuse 300 mg IV over 30 minutes at week 0, week 2 and week 6. Maintenance : Infuse 300 mg IV over 30 minutes every 8 weeks.		
HUMIRA	Crohn's Starter Kit 40 mg Pen 40 mg Prefilled Syringe	Inject 160 mg Four 40 mg SC day 1 OR Two 40 mg SC days 1 & 2 then week 2 inject 80 mg (Two 40 mg injections) SC on day 15. Week 4+: Inject 40 mg SC every other week.		
REMICADE	100 mg Vial	Crohn's Disease : 5 mg / kg at 0, 2 and 6 weeks , then every 8 weeks. Ulcerative Colitis: 5 mg / kg at 0, 2 and 6 weeks, then every 8 weeks.		
SIMPONI	100 mg Smartject 100 mg Prefilled Syringe	Inject 200 mg SC at week 0, then 100 mg at week 2, then 100 mg every 4 weeks. Inject 100 mg SC every 4 weeks.	4-week supply	
STELARA	45 mg / 0.5 mL Single-dose Prefilled Syringe 90 mg / mL Single-dose Prefilled Syringe 45 mg / 0.5 mL Single-dose Vial 130 mg / 26 mL Single-dose Vial	Crohn's disease recommended initial adult intravenous dosage : A single intravenous infusion using weight-based dosing : Up to 55 kg - 260 mg (2 vials) . > 55 kg to 85 kg - 390 mg (3 vials) . > 85 kg - 520 mg (4 vials). Crohn's disease recommended maintenance adult sub cutaneous dosage : A subcutaneous 90 mg dose 8 weeks after the initial intravenous dose, then every 8 weeks there after.	4-week supply	
VIBERZI™	100 mg Tablets 75 mg Tablets	Take 1 tablet twice daily with food.	4-week supply	
XIFAXAN	200 mg Tablets 550 mg Tablets	Traveler's Diarrhea : One 200 mg tablet 3 times a day for 3 days Hepatic Encephalopathy: One 550 mg tablet 2 times a day. IBS-D: One 550 mg tablet 3 times a day for 14 days.		

Date Medication Needed:	Deliver To:	Patient Home	MD office
Prescriber Signature : (Please sign and date below)			
Your signature authorizes Kings Care Pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.			
Substitution Permissible	Date	Dispense as written "DAW"	Date

IMPORTANT NOTICE: This fax is intended to be delivered only to the named address and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.