Zarina Pharmacy
SPECIALTY & INFUSION

Pediatric Gastroenterology

Fax: 832-886-4298 Phone: 832-886-4296 zarinapharmacy.com

Need By Date: _____ Ship To: ☐ Patient ☐ Office ☐ Other _____ Fax Copy: ☐ Rx Card Front/Back ☐ Clinical Notes ☐ Medical Card Front/Back

Patient Information

Patient Name	
Address	
City State ZIP	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	☐ Female ☐ Male

Prescriber Information

Prescriber Name		
Address		
City State ZIP		
Phone	Fax	
Contact Person		
DEA #	NPI #	License #

Clinical Information

Diagnosis: ☐ K50.90 Pediatric Crohn's Disease ☐ K51.90 Pediatric Ulcerative Colitis ☐ K20.0 Eosinophilic Esophagitis
☐ Other: _____ Dx Code: _____

Prior Failed Meds: _____ Length of Treatment: _____ Reason for Discontinuing: _____
_____ Length of Treatment: _____ Reason for Discontinuing: _____
_____ Length of Treatment: _____ Reason for Discontinuing: _____

Drug Allergies		Latex Allergy: ☐ No ☐ Yes
Weight ☐ kg ☐ lbs	TB Test: ☐ No ☐ Yes Date: _____ Results: ☐ Negative ☐ Positive (please send lab results)	Status: ☐ New ☐ Restart ☐ Continuing

Prescription Information

			Qty	Refills
☐ Dupixent® *12+ years old, ≥40 kg	300 mg ☐ Pen ☐ PFS w/Shield	☐ Inject 300 mg SUBQ every week	4 Injections	_____
☐ Humira® Citrate Free Crohn's	**17 kg to <40 kg** 20 mg PFS	☐ Load: Inject 80 mg SUBQ on Day 1, then inject 40 mg on Day 15, then inject 20 mg every other week starting on Day 29 ☐ Maintenance: Inject 20 mg SUBQ every other week	Loading Dose (6 PFS) 4 Week Supply	None _____
	≥40 kg ☐ Crohn's/UC Starter Package (3-80 mg pens) ☐ 40 mg Pen	☐ Load: Inject 160 mg SUBQ as ☐ two-80 mg injections on Day 1 **or** ☐ 80 mg on Day 1 and then Day 2, then inject 80 mg on Day 15, then inject 40 mg every other week starting on Day 29 ☐ Maintenance: Inject 40 mg SUBQ every other week	Loading Dose 4 Week Supply	None _____
☐ Humira® Citrate Free UC	**20 kg to <40 kg** 40mg ☐ Pen ☐ PFS 20 mg ☐ PFS 40 mg ☐ Pen ☐ PFS	☐ Load: Inject 80 mg SUBQ on Day 1, then inject 40 mg on Day 8 and Day 15, then inject maintenance dose starting on Day 29 ☐ Maintenance: Inject 20 mg SUBQ every week ☐ Maintenance: Inject 40 mg SUBQ every other week	Loading Dose (4 pens/PFS) 4 Week Supply 4 Week Supply	None _____ _____
	≥40 kg ☐ Pediatric UC Disease Starter Package (4 count) 80 mg/0.8 mL in a single-use pen ☐ 40 mg Pen ☐ 80 mg Pen	☐ Load: Inject 160 mg SUBQ as ☐ two-80 mg injections on Day 1 **or** ☐ 80 mg on Day 1 and then Day 2, then inject 80 mg on Day 8 and Day 15, then inject maintenance dose starting on Day 29 ☐ Maintenance: Inject 40 mg SUBQ every week ☐ Maintenance: Inject 80 mg SUBQ every other week	Loading Dose 4 Week Supply 4 Week Supply	None _____ _____
☐ Remicade®	100 mg Vial	☐ Load: Infuse _____ mg (5 mg/kg) at 0, 2, and 6 weeks, then every 8 weeks thereafter ☐ Maintenance: Infuse _____ mg (5 mg/kg) every 8 weeks	Loading Dose 8 Week Supply	None _____
☐ Other				

By signing this form, you are authorizing BioPlus Specialty Pharmacy and its employees to serve as your designated agent in submitting clinical and other required information to third party payers with respect to this prescription and any refills or continuation of the same medication and dose for this patient. IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property, or exempt from disclosure under applicable law. If you are not the named addressee you should 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.

Prescriber's Signature (no stamps) **Substitution Permitted** **Date** **Prescriber's Signature** (no stamps) **Dispense As Written** **Date**