GASTROENTEROLOGY

OAKHILLSPRX
SPECIALTY PHARMACY

7711 Louis Pasteur Ave, San Antonio TX 78229
oakhillsprx.com

DATE: _____ NEEDS BY DATE: _____ SHIP TO: ❑ PATIENT ❑ OFFICE ❑ OTHER _____

PATIENT INFORMATION

Patient Name
Address
City, State, Zip
Main Phone Alternate Phone
Social Security #
Date of Birth ❑ Male ❑ Female

PRESCRIBER INFORMATION

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

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES ❑ MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: ❑ K50.90 Crohn's Disease ❑ K51.90 Ulcerative Colitis ❑ Other: Dx code _____ Condition _____
Drug Allergies: _____ Weight: _____ ❑ kg ❑ lb
Prior/Current Medication History:
❑ Sulfasalazine ❑ Oral Corticosteroid ❑ Azathioprine ❑ 6-Mercaptopurine ❑ Topical (Rectal) Corticosteroid ❑ 5-ASA
❑ Biologics: _____ ❑ Other: _____
Presence of enterocutaneous/rectovaginal fistulas? ❑ No ❑ Yes
Does patient have a latex allergy? ❑ No ❑ Yes TB Test: ❑ No ❑ Yes Date: _____ Results: _____ (Please send lab results)

		PRESCRIPTION INFORMATION	QUANTITY	REFILLS
❑ Cimzia®	❑ 200mg x2 PFS ❑ 200mg x2 Vial	❑ Starter Kit: Inject 400mg subcutaneously at weeks 0, 2, and 4 ❑ Maintenance: Inject 400mg subcutaneously every 4 weeks	1 Starter Kit (PFS)/6 Vials 4 Week Supply	None _____
❑ Creon®	❑ 3,000 ❑ 6,000 ❑ 12,000 ❑ 24,000 ❑ 36,000	Take _____ capsules three times daily with meals and _____ capsules with _____ snacks daily for a total of _____ capsules a day	_____	_____
❑ Dificid®	200mg Tablet	Take 1 tablet by mouth twice a day for 10 days	20 Tablets	_____
❑ Entyvio®	300mg Vial	❑ Load: Infuse 300mg IV over 30 minutes at week 0,2, and 6, then every 8 weeks thereafter ❑ Maintenance: Infuse 300mg IV over 30 minutes every 8 weeks	Loading Dose 8 Week Supply	None _____
❑ Humira® Citrate Free	❑ Crohn's/UC Starter Package (3-80mg Pens) 40mg ❑ Pen ❑ PFS	Load: Inject 160mg subcutaneously as two-80mg injections on day 1 or ❑ one-80mg injection on day 1 and then day 2, then inject 80mg on day 15, then inject 40mg every other week thereafter Maintenance: Inject 40mg subcutaneously every other week	Loading Dose 4 Week Supply	None _____
❑ Humira®	❑ Crohn's/UC Starter Package (6-40mg Pens) 40mg ❑ Pen ❑ PFS	Load: Inject 160mg subcutaneously as four-40mg injections on day 1 or ❑ two-40mg injections on day 1 and then day 2, then inject 80mg (two-40mg injections) on day 15, then inject 40mg every other week thereafter Maintenance: Inject 40mg subcutaneously every other week	Loading Dose 4 Week Supply	None _____
❑ Remicade®	100mg Vial	❑ Load: Infuse _____ mg (_____ mg/kg) at weeks 0, 2, and 6 ❑ Maintenance: Infuse _____ mg (_____ mg/kg) every 8 weeks	Loading Dose 8 Week Supply	None _____
❑ Simponi®	100mg ❑ SmartJect ❑ PFS	❑ Load: Inject 200mg (two-100mg injections) subcutaneously at week 0, then 100mg at week 2, then 100mg every 4 weeks thereafter ❑ Maintenance: Inject 100mg subcutaneously every 4 weeks	Loading Dose 4 Week Supply	None _____
❑ Stelara®	90mg PFS	Inject 90mg subcutaneously every 8 weeks IV Loading Dose Administered on: _____	8 Week Supply	_____
❑ Xeljanz®	❑ 10mg Tablet ❑ 5mg Tablet	Take 1 tablet by mouth twice a day	60 Tablets	_____
❑ Xifaxan®	550mg Tablet	Hepatic Encephalopathy: Take 1 tablet by mouth twice a day Irritable Bowel Syndrome with Diarrhea: Take 1 tablet by mouth three times a day for 14 days	60 Tablets 42 Tablets	_____ _____
❑ Other				

By signing this form and utilizing our services, you are authorizing OakHillsprx Pharmacy and its employees to serve as youir prior authorization designated agent in dealing with medical and prescription insurance companies.

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