

For assistance, contact your pharmacy representative: _____ Phone: _____ (For providers only)

PLEASE CONSIDER SENDING YOUR PRESCRIPTION ELECTRONICALLY. ALL OF OUR PHARMACY LOCATIONS ACCEPT ELECTRONIC PRESCRIPTIONS.

Note: This form is intended for prescriber use only, if faxed, the fax must come from MD office or hospital (may not be faxed by patient).



Organ Transplant
Immunosuppressants
Prescription/Pharmacy Intake Form

Central Pharmacy: _____
Retail/Community Pharmacy Fax: _____ Pharmacy Phone: _____
Date Needed: _____ Ship To: [] Prescriber's Office [] Patient's Home [] Other: _____

PATIENT INFORMATION

Patient name: _____ DOB: _____ [] Male [] Female
Address: _____
City: _____ State: _____ Zip code: _____
Phone # (Daytime): _____ Phone # (Evening): _____
Insurance provider (Please include copy of front and back of card): Primary _____ Secondary _____
ID #: _____ / _____ Policy/Group #: _____ / _____ Phone #: _____ / _____ [] Patient is eligible for Medicare

CLINICAL ASSESSMENT - Please complete ALL sections to avoid delays in filling prescription

(Please include all supporting material including but not limited to History and Physical, Progress Notes and Recent Labs)

[] Patient is new to therapy [] Patient is currently on therapy Start date: _____
[] Heart (Z94.1) [] Kidney (Z94.0) [] Liver (Z94.4) [] Lung (Z94.2) [] Intestines (Z94.82) [] Pancreas (Z94.83) [] Heart/Lung (Z94.3) [] Kidney/Pancreas (Z94.0/Z94.83) [] Bone Marrow (Z94.81)
Organ Transplanted: _____ Date of Transplant: _____ Date of Discharge: _____
Weight: _____ [] lb [] kg Date: _____ Height: _____ [] in [] cm Date: _____
Allergies: _____

MEDICATIONS

Astagraf XL (tacrolimus ER capsule) Qty Refills
[] 0.5mg [] 1mg [] 5mg
Cellcept (mycophenolate) Qty Refills
[] 250mg [] 500mg [] 200mg/ml
Envarsus XR (tacrolimus ER tablet) Qty Refills
[] 0.75mg [] 1mg [] 4mg
Gengraf (cyclosporine mod) Qty Refills
[] 25mg [] 50mg [] 100mg [] 100mg/ml
Imuran (azathioprine) Qty Refills
[] 50mg
Myfortic (mycophenolic acid) Qty Refills
[] 180mg [] 360mg
Neoral (cyclosporine mod) Qty Refills
[] 25mg [] 100mg [] 100mg/ml
Prednisone Qty Refills
[] 5mg [] 10mg [] 20mg
Prograf (tacrolimus) Qty Refills
[] 0.5mg [] 1mg [] 5mg
Prograf Granules (tacrolimus for oral suspension) Qty Refills
[] 0.2mg [] 1mg
Rapamune (sirolimus) Qty Refills
[] 0.5mg [] 1mg [] 2mg [] 1mg/ml
Sandimmune (cyclosporine) Qty Refills
[] 25mg [] 100mg [] 100mg/ml
Zortress (everolimus) Qty Refills
[] 0.25mg [] 0.5mg [] 0.75mg [] 1mg
Other: Qty Refills
[] _____

PRESCRIBER INFORMATION

Prescriber's name: _____ Practice/facility: _____
Address: _____ City: _____ State: _____ Zip code: _____
Office contact: _____ Phone: _____ Fax: _____
Email: _____ Best time to call: _____ Preferred method of contact: [] Email [] Phone [] Fax
State license #: _____ DEA #: _____ NPI #: _____ Medicaid UPIN #: _____

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary" or your state specific required language after their signature. I certify that the above therapy is medically necessary and that the information above is accurate to the best of my knowledge. Prescriber's signature required on one of the lines below.

Dispense as written

Substitution permitted

Date

The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-compliance with state specific requirements could result in outreach to the prescriber. The document(s) accompanying this transmission may contain confidential health information that is legally protected. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted or required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents. Drug names are the property of their respective owners.