Pediatric Gastroenterology

Fax Referral To: 877-438-9380

CONTINUUMRX Specialty Infusion Services

Birmingham,AL	Huntsville, AL	Knoxville, TN	Nashville, TN	Chantilly, VA
F: 205-271-9971	F: 256-417-6408	F: 865-934-0249	F: 615-645-4791	F: 703-935-2061

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

Patient Information

Patient Name ☐ Male ☐Female	
Address	
City State Zip	
Main Phone	Alternate Phone
Social Security #	Date of Birth
Parent/Guardian Name	

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: _____ (please send lab results)

Prescription Information

			Qty	Refills
☐ Dupixent® **12+ years old, ≥40kg*	300mg ☐Pen ☐PFS w/Shield	Inject 300mg subcutaneously every week	4 Syringes	_____
☐ Humira® Citrate Free Crohn's	**17kg to <40kg** ☐ Pediatric Crohn's Disease Starter Package (2 count) 80mg/0.8mL, 40mg/0.4mL in a single-use PFS	Load: Inject 80mg subcutaneously on day 1, then inject 40mg two weeks later on day 15, then inject 20mg every other week starting on day 29	Loading Dose	None
	☐ 20mg PFS	Maintenance: Inject 20mg subcutaneously every other week	4 Week Supply	_____
	≥40kg ☐Pediatric Crohn's Disease Starter Package (3 count) 80mg/0.8mL in a single-use PFS 40mg ☐PFS ☐Pen	Load: Inject 160mg subcutaneously as ☐two-80mg injections on day 1 **or** ☐ 80mg on day 1 and then day 2, then inject 80mg two weeks later on day 15, then inject 40mg every other week starting on day 29	Loading Dose	None
		Maintenance: Inject 40mg subcutaneously every other week	4 Week Supply	_____
☐ Humira® Citrate Free UC	**20kg to <40kg** ☐ 40mg Pen	Load: Inject 80mg subcutaneously on day 1, then inject 40mg on day 8 and day 15, then inject maintenance dose starting on day 29	Loading Dose (4 pens)	None
	☐ 20mg PFS	Maintenance: Inject 20mg subcutaneously every week	4 Week Supply	_____
	☐ 40mg Pen	Maintenance: Inject 40mg subcutaneously every other week	4 Week Supply	_____
	≥40kg ☐ Pediatric UC Disease Starter Package (4 count) 80mg/0.8mL in a single-use pen	Load: Inject 160mg subcutaneously as ☐two-80mg injections on day 1 **or** ☐ 80mg on day 1 and then day 2, then inject 80mg on day 8 and day 15, then inject maintenance dose starting on day 29	Loading Dose	None
	☐ 40mg Pen	Maintenance: Inject 40mg subcutaneously every week Maintenance:	4 Week Supply	_____
	☐ 80mg Pen	Inject 80mg subcutaneously every other week	4 Week Supply	_____
☐ Remicade®	100mg Vial	☐ Load: Infuse _____ mg (5mg/kg) at 0, 2, and 6 weeks, then every 8 weeks thereafter	Loading Dose	None
		☐ Maintenance: Infuse _____ mg (5mg/kg) every 8 weeks	8 Week Supply	_____
☐ Other				

By signing below, I certify that above therapy is medically necessary. Presriber's Signature (SIGN BELOW) By signing this form and utilizing our services, I am also authorizing **ContinuumRX** to serve as my prior authorization agent with medical and pharmacy insurance providers.

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