

FAX FORM TO: 1.866.233.8317

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Complete the following or include demographic sheet.

1. PATIENT INFORMATION		2. PRESCRIBER INFORMATION	
Name: _____		Name: _____	
Address: _____		DEA #: _____	NPI #: _____ State Lic. #: _____
City, State, ZIP: _____		Group or Hospital: _____	
Primary Phone: - - - - -	DOB: / /	Address: _____	
Alternate Phone: - - - - -	Gender: _____	City, State, Zip: _____	
Email: _____		Phone: - - - - -	Fax: - - - - -
Primary Language: _____	Last Four of SSN: _____	Contact Person: _____ Phone: - - - - -	

3. INSURANCE INFORMATION		<i>Fax copy of prescription and insurance cards with this form, if available (front and back)</i>	
Primary Insurance Company Name: _____		Secondary Insurance Company Name: _____	
Primary Cardholder Name: _____		Secondary Cardholder Name: _____	
Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent		Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent	
Phone: - - - - -	Member ID: _____	Phone: - - - - -	Group #: _____

4. DIAGNOSIS AND CLINICAL INFORMATION	
Needs by Date: / /	Ship to: <input type="radio"/> Patient <input type="radio"/> Office <input type="radio"/> Other:

DIAGNOSIS	EPOETIN CONVERSION FOR ADULTS			
	2-3 times/week epoetin dosing conversion to once a week		Once-a-week epoetin dosing conversion to every other week	
Date of Diagnosis: / /	Aranesp dose (once a week)	Epoetin total dose for one week	Epoetin total combined dose for two weeks	Aranesp dose (every other week)
<input type="radio"/> D63.1 Anemia in chronic kidney disease	<1,500u	→ 6.25 mcg	<1,500u	→ 6.25 mcg
<input type="radio"/> _____ Anemia in cancer patients receiving chemotherapy	2,500-4,999u	→ 12.5 mcg	2,500-4,999u	→ 12.5 mcg
Type of Cancer: _____	5,000-10,999u	→ 25 mcg	5,000-10,999u	→ 25 mcg
<input type="radio"/> Other: _____	11,000-17,999u	→ 40 mcg	11,000-17,999u	→ 40 mcg
Height (in/cm): _____ Weight (lb/kg): _____	18,000-33,999u	→ 60 mcg	18,000-33,999u	→ 60 mcg
Date Drawn: / /	34,000-89,999u	→ 100 mcg	34,000-89,999u	→ 100 mcg
LAB DATA	>90,000u	→ 200 mcg	>90,000u	→ 200 mcg
Date Drawn: / /	Specialty pharmacy to coordinate injection training/home health nurse as necessary:			
Hct: _____ Hgb: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Injection training not necessary			
GFR (mL/min): _____ Serum iron (Fe): _____	Reason: _____			
Allergies: _____	<input type="radio"/> MD office trained patient <input type="radio"/> Patient already independent <input type="radio"/> Referred by MD office to alternate trainer			
Concomitant Medications: _____				

5. PRESCRIPTION INFORMATION					
Medication	Form	Dose/Strength	Directions	Quantity	Refills
<input type="radio"/> Aranesp®	<input type="radio"/> Sureclick Autoinjector <input type="radio"/> Singleject PFS	<input type="radio"/> 25 mcg <input type="radio"/> 150 mcg <input type="radio"/> 40 mcg <input type="radio"/> 200 mcg <input type="radio"/> 60 mcg <input type="radio"/> 300 mcg <input type="radio"/> 100 mcg <input type="radio"/> 500 mcg	<input type="radio"/> Inject the entire contents of syringe SQ once a week. <input type="radio"/> Inject the entire contents of syringe SQ once every 2 weeks. <input type="radio"/> Other: _____ <input type="radio"/> Include alcohol pads and sharps container		
<input type="radio"/>					

Ancillary supplies and kits will be provided as needed for administration.

6. PRESCRIBER SIGNATURE	
X _____ / /	X _____ / /
DISPENSE AS WRITTEN	PRODUCT SUBSTITUTION PERMITTED
DATE	DATE

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address or telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.