

# COLCIGEL<sup>®</sup> Direct

Prepare for the Flare<sup>™</sup>

CARDINAL HEALTH SPECIALTY PHARMACY  
 7172 Columbia Gateway Dr  
 Columbia, MD 21046  
 PH: (888) 662-6779  
 Fax: (877) 800-4790

**New Treatment Option for Rapid Relief of Acute Gout Flares with Limited Drug Accumulation.**  
*Order ColciGel<sup>®</sup> for your patients before the flare through Cardinal Health Specialty Pharmacy.*

Patient Information			Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
First Name:	M.I.	Last Name:			
DOB:	Email:				
Best Contact Number: {    }		(circle) Home/Work/Cell			
Alternate Number: {    }		(circle) Home/Work/Cell			
Home Address: Street			Delivery Address (if different): Street		
City	State	Zip	City	State	Zip

### Patient Insurance Information

Prescription Insurance Provider:					
Policy #:	Group #/RxGRP:	RxBIN:	RxPCN:		
Name of Insured:			Relationship to Insured:		

**TERMS AND CONDITIONS:** Patients must have a valid prescription for ColciGel<sup>®</sup> (type and day supply bottle). By enrolling the patient, the undersigned physician represents he/she has obtained the above-listed patient's authorization and approval to receive the branded product and that no generic substitution will be offered (if applicable).

### Prescribers:

**Fax:** Complete form and submit to **1.877.800.4790**. Upon receipt of Rx, the pharmacy will contact the patient for payment and delivery scheduling.

**eScribe:** Select Cardinal Health Specialty Pharmacy in your eScribe system and send electronically. If you need help locating Cardinal Health Specialty Pharmacy, please contact your system administrator.

## PRESCRIBER AND PRESCRIPTION INFORMATION

To be completed by  
 prescriber  
 -or-  
 attach your prescription  
 to the lower half of this  
 form,  
 -or-  
 ePrescribe to  
**CARDINAL HEALTH  
 SPECIALTY PHARMACY**

# Rx

### COLCIGEL<sup>™</sup> - 2 PAK

30mL (15mL x 2 Bottles) = 120 Doses | NDC-35781-0400-4

Apply 1-4 pumps up to four times per day.

Circle desired refills:    1    2    3    other: \_\_\_\_  
 Medically necessary for emergency flares.

Notes to  
 Pharmacy

Prescriber  
 Name

NPI#

Prescriber  
 Address

Office Contact  
 Name

Prescriber  
 Phone/FAX

Please specify the diagnosis  
 and ICD-9/ICD-10 code

**PRESCRIBER  
 SIGNATURE**

Date