



Walgreens Specialty Pharmacy, LLC.
 130 Enterprise Drive • Pittsburgh, PA 15275
 phone / 888.347.3416 • fax / 877.231.8302

Prepare for the Flare


Now Available through Walgreens

Patient Information			
First Name:	M.I.	Last Name:	
DOB:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Email:	
Best Contact Number: ()		[circle] Home/Work/Cell	
Alternate Number: ()		[circle] Home/Work/Cell	
Home Address:			
City:		State:	Zip:
Delivery Address (if different):			
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™. 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 there is no generic substitution for ColciGel™ (colchicine 4x).

Prescribers
<p>eScribe: Select Walgreens Specialty Pharmacy in your eScribe system and send electronically. If you need help locating Walgreens Specialty Pharmacy, please contact your system administrator.</p> <p>Fax: Complete form and submit to 1-877.231.8302. Upon receipt of Rx, the pharmacy will contact the patient for payment and delivery scheduling.</p>

PRESCRIBER AND PRESCRIPTION INFORMATION				
<p>To be completed by prescriber</p> <p>-or-</p> <p>attach your prescription to the lower half of this form,</p> <p>-or-</p> <p>ePrescribe:</p> <p>Search for Walgreens Specialty</p> <p>Or search by NCPDP ID</p> <p>Walgreens Specialty Phar Pittsburgh Pittsburgh: 3974157</p> <p>Walgreens Specialty Pharm - Texas Texas: 4591055</p> <p>Walgreens Specialty Pharm Portland Portland: 3842944</p> <p>Walgreens Specialty Pharmacy Canton Canton: 2348046</p>		<p>COLCIGEL™ - 2 PAK</p> <p>30mL (15mL x 2 Bottles) = 120 Doses NDC-35781-0400-4</p> <p><input type="checkbox"/> Apply 1-4 pumps up to four times per day. (1 pump = 0.25 mL which covers a 2" x 2" surface area)</p> <p><input type="checkbox"/> Other _____</p> <p>Circle desired refills: 1 2 3 other: ___</p> <p>Medically necessary for emergency flares.</p>		
		Notes to Pharmacy		
	Prescriber Name	NPI #		
	Prescriber Address			
	Office Contact Name	Prescriber Phone / Fax		
	Please specify the diagnosis and ICD-10 code:			
	PRESCRIBER SIGNATURE	<input type="checkbox"/> Dispense as Written	Date	
	PRESCRIBER SIGNATURE	Date		