COLCIGEL®

Magellan Rx MANAGEMENT℠
6870 Shadowridge Drive, Ste 111
Orlando, FL 32812
Phone: 866.554.2673
Fax: 866.364.2673

Prepare for the Flare™

Now Available through Magellan Rx Pharmacy

Patient Information

First Name:		M.I.	Last Name:
DOB:	Gender: ❑M ❑F	Email:	
Best Contact Number: ( )			(circle) Home/Work/Cell
Alternate Number: ( )			(circle) Home/Work/Cell
Home Address: Street City State Zip		Delivery Address (if different): Street 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™ (type and day supply bottle). By enrolling, the patient elects to receive the branded product and acknowledges that no generic substitution will be offered (if applicable).*

Prescribers

Fax: Complete form and submit to 866.364.2673. Upon receipt of Rx, the pharmacy will contact the patient for payment and delivery scheduling.

eScribe: Select Magellan Rx in your escribe system and send electronically. If you need help locating Magellan Rx, 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
Magellan Rx

℞

COLCIGEL™ - 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