COLCIGEL®

COMMCARE SPECIALTY PHARMACY

855 SW 78th Ave Suite C100
Plantation, FL 33324
phone / 888.203.7973
fax / 888.203.7980

Prepare for the Flare™

Now Available through Commcare 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 **1-888.203.7980**. Upon receipt of Rx, the pharmacy will contact the patient for payment and delivery scheduling.

eScribe: Select Pharmaceutical in your eScribe system and send electronically. If you need help locating Commcare, 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
Commcare Pharmacy
Plantation, FL 33324

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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