



@pfsprx #pfsprx

VERBAL ORDER FORM
GASTROENTEROLOGY

Today's Date

Date Needed

398 W. Grand Avenue | Rahway, NJ 07065
Ph 844-527-9486 | Fx 866-285-7628

NPI# 1669881777 NABP# 3148839

info@pfsprx.com PFSPrx.com



- Phone Order
Ship to Patient: Home Work
Ship to: Physician Office
Nurse / Training
PFSP Pharmacy

Patient Name, Address, Telephone, SSN, Allergies, Comorbidities, Primary Insurance, Insured's Name, City, State, Phone

ICD-10 Diagnosis Code, Patient currently on therapy?, PPD (TB Test), Will patient stop taking the medication(s) before starting the new medication?, If yes, how long should patient wait before starting the new medication?, Current medications patient (including OTC) with dosage and direction (or fax medication), Previously treated for this condition?

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

HUMIRA Citrate-Free PEN Crohn's Disease Starter Pkg, HUMIRA MAINTENANCE THERAPY, HUMIRA Citrate-Free PEN 40 mg/0.4 mL, HUMIRA Citrate-Free PFS 40 mg/0.4 mL, SMARTJECT AUTOINJECTOR 50mg/0.5mL, PFS 50mg/0.5mL, SMARTJECT AUTOINJECTOR 100mg/1mL

OTHER, SIG, QTY, Refill, THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "D A W" IN THIS BOX

STELARA 130 mg/26 mL vial, 45mg SD Vial, 45m, Patient Weight (kg), SIG: Infuse mg IV initially at week 0, Maintenance SIG: Inject 90mg SQ 8 weeks after the initial IV dose, then every 8 weeks.

XELJANZ 5mg tablet, 10mg tablet, SIG: Take one 5mg tablet by mouth twice daily, SIG: Take one 10mg tablet by mouth twice daily

CIMZIA 200mg/1ml PFS, PFS Starter Kit, Starter SIG: Inject 400mg SQ on day 1, at week 2 & at week 4, Maintenance SIG: Inject 400mg SQ every 4 weeks

DIFICID 200mg tablet, SIG: Take one tablet orally twice daily for 10 days with or without food

ENTYVIO 300mg, Starter SIG: Infuse 300mg IV at wks 0, 2, & 6, then maint., Maintenance SIG: Infuse 300mg IV every 8 weeks

SAXENDA, Starter SIG: Inject 0.6mg into the skin once daily for 1 week, increase by 0.6mg daily at weekly intervals to a target dose of 3mg once daily, Maintenance SIG: Inject 3mg into the skin once daily

DONNATAL 16.2mg tablet, ZOFRAN 4mg, 8mg, RELISTOR 8mg PFS, 12mg PFS, 150mg tablet, PROCIT vial includes 25G 1/2" syringes and alcohol pads w/all dispenses, XIFAXAN 200mg, 550mg, 1 200mg TAB PO TID x 3 Days, 1 550mg TAB PO BID, 1 550mg Tab PO TID x 14 Days

SUTAB QTY: 24, MOVIPREP QTY:1, PLENUVU QTY:3, SIG: Use as directed on colonoscopy instructions, Refill:0

EPLUSA 400mg/100mg tablet (brand), SOFOSBUVIR/VELPATASVIR 400mg/100mg tablet (generic), SIG: Take 1 tablet by mouth daily, QTY: 28, Refill: 0

HARVONI 90mg/400mg tablet (brand), LEDIPASVIR/SOFOSBUVIR 90mg/400mg tablet (generic), SIG: Take 1 tablet by mouth daily, QTY: 28, Refill: 0

MAVYRET 100mg glecaprevir/40mg pibrentasvir tablet, Therapy Length: 8 weeks or 12 weeks, SIG: Take 3 tablets orally once daily with food, QTY: 84, Refill: 0

RIBAVIRIN 200mg capsules, 200mg tablets, SIG: <75kg: 400mg in the AM and 600mg in the PM, >75kg: 600mg in the AM and 600mg in the PM, Other: QTY: Refill:

SOVALDI sofosbuvir 400mg tablet, SIG: Take 1 tablet by mouth daily for: 12 weeks with Ribavirin and peginterferon (Genotype 1 or 4), 12 weeks with Ribavirin (Genotype 2), 24 weeks with Ribavirin (Genotype 3), Other: QTY: 28, Refill: 0

VOSEVI 400mg sofosbuvir/100mg velpatasvir/100mg voxilaprevir tablet, SIG: Take 1 tablet by mouth daily with food for 12 weeks, QTY: 28, Refill: 2

ZEPATIER grazoprevir 100mg/elbasvir 50mg tablet, SIG: Take 1 tablet by mouth daily, QTY: 28, Refill: 0

HEPATITIS B ORAL THERAPIES, BARACLUDGE 0.5mg, 1.0mg, EPIVIR HBV 100mg, HEPSERA 10mg, VEMLIDY 25mg, VIREAD 300mg, SIG: QTY: Refill:

WEGOVY AUTO INJECTOR PREFILLED PENS, Week 1-4: 0.25 mg SQ once weekly, Week 5-8: 0.5 mg SQ once weekly, Week 9-12: 1 mg SQ once weekly, Week 13-16: 1.7 mg SQ once weekly, Maint. dose (Week 17 onward): 2.4 mg SQ once weekly, QTY: Refill:

Prescriber's Name / Practice, Address, Tel, License#, Office Contact, Suite#, NPI#, UPIN#, City, State, Zip, DEAN#

Prescriber's Signature (signature required. NO STAMPS), Date

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