Giant Eagle Specialty Pharmacy

Phone: 1-844-259-1891
Fax: 1-877-645-4142

To ePrescribe send prescription to:
Giant Eagle Pharmacy (#8991)
2500 Lovi Road
Freedom, PA 15042

BOTULINUM TOXIN ENROLLMENT FORM

Today's Date: _____

Ship to: ☐ Patient ☐ Physician ☐ Store for Patient Pick-up **Date Shipment Needed:**_____ **Rx:** ☐ New ☐ Refill **RN Instruction Needed:** ☐ Yes ☐ No
All supplies, including syringes and needles, will be dispensed if needed.

Patient Information

Date: _____ ☐ Male ☐ Female DOB:_____
Patient's First Name: _____ Patient's Last Name: _____
Address: _____ City: _____ State: _____ ZIP: _____
Best Phone Number: _____ Alternate Phone Number: _____
Height:_____ Weight: _____ ☐ kgs. or ☐ lbs. Recorded Date: _____
Caregiver: _____ Allergies: _____
Store Preference (address): _____
Emergency Contact Name: _____ Emergency Contact Phone #: _____

Insurance Information: Please fax copy of insurance card (front + back)

Clinical Info.

Diagnosis _____ ICD-10: _____

Please include documented progression of disease/prior therapies for justification of drug

Prescription

MEDICATION	QTY	DIRECTIONS	REFILLS
Botox® (OnabotulinumtoxinA – J0585) ☐ 100 unit vial ☐ 200 unit vial			
Dysport® (AbobotulinumtoxinA – J0586) ☐ 300 unit vial ☐ 500 unit vial			
Myobloc® (RimabotulinumtoxinB – J0587) ☐ 2,500 unit/0.5 mL vial ☐ 5,000 unit/1 mL vial ☐ 10,000 unit/2 mL vial			
Xeomin® (IncobotulinumtoxinA – J3590) ☐ 50 unit vial ☐ 100 unit vial			

Prescriber Information

Date Prescription Needed: _____
Physician Name (please print): _____ Contact Name: _____
Phone #: _____ Fax #:_____ NPI #: _____
Office Address: _____ City: _____ State: _____ ZIP: _____
State License #: _____ DEA #: _____

In order for a brand name to be dispensed, the prescriber must hand write "brand medically necessary" or "brand necessary" in the space below.
_____

I authorize this prescription and for Giant Eagle Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

Physician Signature: _____ **Date:** _____