



Pharmacy Locations

Annapolis, MD
Formerly Terrapin Pharmacy
Phone: 1.866.282.6700
Fax: 877.829.1925

Trevoese, PA
Formerly Bank's Apothecary
Phone: 1.800.927.6703
Fax: 215.357.2129

BRIXADI PRESCRIPTION REFERRAL FORM

PATIENT INFO			PRESCRIBER INFO		
Last Name, First Name	Sex: Male / Female		Today's Date	DEA #	
Date of Birth	SSN		Prescriber Name	NPI #:	
Home Phone Number	Other Phone Number		Address	City, State	Zip
Home Address	City, State	Zip	Phone Number	Fax Number	
Delivery Address: (DEA registered location)			Contact Person (for Brixadi):		
			Phone #	Ext:	
			Email (optional)		

INSURANCE		
Rx ID #	Insurance Company	
RXGRP#	RXBIN#	RXPCN#
Copay Card ID #	(For patient enrolled in Brixadi savings program)	

COMPLETE OR FAX FRONT AND BACK COPIES OF INSURANCE, PRESCRIPTION AND/OR CO-PAY ASSISTANCE CARD(S)

CLINICAL INFORMATION

Please provide any drug allergies:

Injection Date:

ATTACH PRESCRIPTION HERE

Rx	DRUG:	
	SIG:	
REFILLS: _____	QTY TO DISPENSE: _____	Diagnosis code:
Prescriber Signature:		DATE: _____/_____/_____

Because of the risk of serious harm or death that could result from intravenous self-administration, BRIXADI is only available through a restricted program called the BRIXADI Risk Evaluation and Mitigation Strategy (REMS).

NOTE: Prescriber must comply with their state-specific prescription requirements such as state-specific prescription forms, electronic prescribing requirements, product substitution or any other prescription element which may be required and that is not captured by this form. For this reason, the prescription form on this page should only be used if permitted by the applicable law in your state. The prescriber should include all required elements of a controlled substance prescription.

IMPORTANT NOTICE: This fax is intended to be delivered only to the name addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately. If you have received this document by mistake, then destroy this document. Please direct all verification or notification to Altruix.