



Pharmaceuticals

USA

Fax: 877.860.1978 Phone: 847.393.4099

**JAYTHARI (deflazacort) PATIENT ENROLLMENT**

**1 PATIENT INFORMATION**

(Please complete the following information)

☐ Please attach demographic information

Patient Name (First, MI, Last): \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Parent/Caregiver Name (First, MI, Last): \_\_\_\_\_ Parent/Caregiver Phone Number: \_\_\_\_\_

**2 INSURANCE INFORMATION**

☒ Please attach front and back of patient's insurance card, prescription card, and/or Medicaid card.

Primary Insurance Name: \_\_\_\_\_

Secondary Insurance Name: \_\_\_\_\_

Primary Insurance ID: \_\_\_\_\_

Primary Insurance ID: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

**3 CLINICAL INFORMATION**

☒ Please fax clinical documentation to pharmacy along with referral form.

ICD-10 Diagnosis Code: ☐ G71.01 Duchenne Muscular Dystrophy ☐ Other ICD-10 Code: \_\_\_\_\_

NKDA Drug Allergies \_\_\_\_\_

Patient Weight: \_\_\_\_\_ lb kg Date Weight Obtained: \_\_\_\_\_ Date of Last Clinic Visit: \_\_\_\_\_

**4 PRESCRIBER INFORMATION**

Practice Name: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**5 PRESCRIPTION INFORMATION**

**JAYTHARI (deflazacort) (Recommended dose: 0.9 mg/kg/day)**

Directions for use: Check one option

☐ JAYTHARI (deflazacort) Tablet (6mg, 18mg, 30mg, 36mg)

Dose: Choose one

Take \_\_\_\_\_ mg orally once daily

Other Directions \_\_\_\_\_

Dispense: 30 Day Supply Refills: 1 year

**6 PHYSICIAN SIGNATURE (Required)**

X

PRODUCT SUBSTITUTION PERMITTED

DATE OF SIGNATURE

X

DISPENSE AS WRITTEN

DATE OF SIGNATURE

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by the express authority of the sender to the named addressee.