

**1 PATIENT INFORMATION:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 DOB: \_\_\_\_\_  M  F Last 4 of SSN: \_\_\_\_\_

**2 PRESCRIBER INFORMATION:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 NPI: \_\_\_\_\_ DEA: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**3 INSURANCE INFORMATION:** *Please attach front and back copies of prescription/medical insurance card(s).*

**4 CLINICAL INFORMATION:** *To expedite prior authorization, please attach relevant clinical documentation.*

Primary ICD-10: \_\_\_\_\_ Drug Allergies:  NKDA  \_\_\_\_\_

*If prior authorization is denied, preferred alternatives or the option to appeal, if available, will be provided to the office.*

Additional Information: \_\_\_\_\_

**5 INJECTION TRAINING:**  Physician to Train  Pharmacist to Train  Other: \_\_\_\_\_

**6 PRODUCT DELIVERY:**  Physician's Office  Patient's Home  Other: \_\_\_\_\_

**PRESCRIPTION INFORMATION:**

Medication	Dose/Strength	Directions	Qty	Refills
<input type="checkbox"/> Avonex®	<input type="checkbox"/> 30mcg Prefilled Syringe <input type="checkbox"/> 30mcg Single Dose Vial <input type="checkbox"/> 30mcg Avonex Pen	<input type="checkbox"/> Inject 30mg IM once weekly <input type="checkbox"/> Titration: 7.5mcg weekly (over a 4-week period) up to 30mcg	1 Kit	
<input type="checkbox"/> Betaseron®	<input type="checkbox"/> 0.3mg Lyophilized Power	<input type="checkbox"/> Inject 0.25mg (1ml) SC every other day <input type="checkbox"/> Titration: ▪ Weeks 1-2: Inject 0.0625mg/0.25ml SC every other day ▪ Weeks 3-4: Inject 0.125mg/0.5ml SC every other day ▪ Weeks 5-6: Inject 0.1875mg/0.75ml SC every other day	1 Kit	
<input type="checkbox"/> Copaxone®	<input type="checkbox"/> 20mg Prefilled Syringe <input type="checkbox"/> 40mg Prefilled Syringe	<input type="checkbox"/> Inject 20mg SC daily <input type="checkbox"/> Inject 40mg SC three times per week	1 Kit	
<input type="checkbox"/> Extavia®	<input type="checkbox"/> 0.3mg Lyophilized Power	<input type="checkbox"/> Inject 0.25mg (1ml) SC every other day <input type="checkbox"/> Titration: ▪ Weeks 1-2: Inject 0.0625mg/0.25ml SC every other day ▪ Weeks 3-4: Inject 0.125mg/0.5ml SC every other day ▪ Weeks 5-6: Inject 0.1875mg/0.75ml SC every other day		
<input type="checkbox"/> Gilenya®	<input type="checkbox"/> 0.25mg Capsule <input type="checkbox"/> 0.5mg Capsule	<input type="checkbox"/> (Pediatric Patients) 10 years of age and above weighing < 40kg: Take one 0.25mg capsule by mouth once daily with or without food <input type="checkbox"/> (Pediatric and Adult Patients) 10 years of age and above weighing > 40kg: Take one 0.5mg capsule by mouth once daily with or without food		
<input type="checkbox"/> Glatopa®	<input type="checkbox"/> 20mg Prefilled Syringe	<input type="checkbox"/> Inject 20mg SC daily		
<input type="checkbox"/> Rebif®	<input type="checkbox"/> Titration Pack ▪ Six 8.8mcg autoinjectors ▪ Six 22mcg autoinjectors <input type="checkbox"/> 22mcg Prefilled Syringe <input type="checkbox"/> 44mcg Prefilled Syringe <input type="checkbox"/> Rebidose® 22mcg Autoinjector <input type="checkbox"/> Rebidose® 44mcg Autoinjector	<input type="checkbox"/> Inject 22mcg SC 3 times per week <input type="checkbox"/> Titration (up to 22mcg): ▪ Weeks 1 & 2: Inject 4.4mcg 3 times per week ▪ Weeks 3 & 4: Inject 11mcg 3 times per week <input type="checkbox"/> Inject 44mcg SC 3 times per week <input type="checkbox"/> Titration (up to 44mcg): ▪ Weeks 1 & 2: Inject 8.8mcg 3 times per week ▪ Weeks 3 & 4: Inject 22mcg 3 times per week	1 Kit	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

I authorize Pharmaca and its affiliates to act on my behalf to obtain prior authorization and/or other assistance if applicable. I acknowledge that prior authorization/payment is not guaranteed.

**PHYSICIAN SIGNATURE REQUIRED**  
 X \_\_\_\_\_ X \_\_\_\_\_  
 Substitution Permitted Date Dispense as Written Date