

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 and Form	Directions	Qty	Refills
<input type="checkbox"/> Avonex	<input type="checkbox"/> 30 mcg Prefilled Syringe <input type="checkbox"/> 30 mcg Single Dose Vial <input type="checkbox"/> 30 mcg Avonex Pen	<input type="checkbox"/> Inject 30 mg IM once weekly <input type="checkbox"/> Titration: 7.5 mcg weekly (over a 4-week period) up to 30 mcg	1 Kit	
<input type="checkbox"/> Betaseron	<input type="checkbox"/> 0.3 mg Lyophilized Power	<input type="checkbox"/> Inject 0.25 mg (1 mL) SC every other day <input type="checkbox"/> Titration: <ul style="list-style-type: none"> ▪ Weeks 1-2: Inject 0.0625 mg/0.25 mL SC every other day ▪ Weeks 3-4: Inject 0.125 mg/0.5 mL SC every other day ▪ Weeks 5-6: Inject 0.1875 mg/0.75 mL SC every other day 	1 Kit	
<input type="checkbox"/> Copaxone	<input type="checkbox"/> 20 mg Prefilled Syringe <input type="checkbox"/> 40 mg Prefilled Syringe	<input type="checkbox"/> Inject 20 mg SC daily <input type="checkbox"/> Inject 40 mg SC three times per week	1 Kit	
<input type="checkbox"/> Extavia	<input type="checkbox"/> 0.3 mg Lyophilized Power	<input type="checkbox"/> Inject 0.25 mg (1 mL) SC every other day <input type="checkbox"/> Titration: <ul style="list-style-type: none"> ▪ Weeks 1-2: Inject 0.0625 mg/0.25 mL SC every other day ▪ Weeks 3-4: Inject 0.125 mg/0.5 mL SC every other day ▪ Weeks 5-6: Inject 0.1875 mg/0.75 mL SC every other day 		
<input type="checkbox"/> Gilenya	<input type="checkbox"/> 0.25 mg Capsule <input type="checkbox"/> 0.5 mg Capsule	<input type="checkbox"/> (Pediatric Patients) 10 years of age and above weighing < 40 kg: Take one 0.25 mg capsule by mouth once daily with or without food <input type="checkbox"/> (Pediatric and Adult Patients) 10 years of age and above weighing > 40 kg: Take one 0.5 mg capsule by mouth once daily with or without food		
<input type="checkbox"/> Glatopa	<input type="checkbox"/> 20 mg Prefilled Syringe	<input type="checkbox"/> Inject 20 mg SC daily		
<input type="checkbox"/> Rebif	<input type="checkbox"/> Titration Pack <ul style="list-style-type: none"> ▪ Six 8.8 mcg autoinjectors ▪ Six 22 mcg autoinjectors <input type="checkbox"/> 22 mcg Prefilled Syringe <input type="checkbox"/> 44 mcg Prefilled Syringe <input type="checkbox"/> Rebidose 22 mcg Autoinjector <input type="checkbox"/> Rebidose 44 mcg Autoinjector	<input type="checkbox"/> Inject 22 mcg SC 3 times per week <input type="checkbox"/> Titration (up to 22 mcg): <ul style="list-style-type: none"> ▪ Weeks 1 & 2: Inject 4.4 mcg 3 times per week ▪ Weeks 3 & 4: Inject 11 mcg 3 times per week <input type="checkbox"/> Inject 44 mcg SC 3 times per week <input type="checkbox"/> Titration (up to 44 mcg): <ul style="list-style-type: none"> ▪ Weeks 1 & 2: Inject 8.8 mcg 3 times per week ▪ Weeks 3 & 4: Inject 22 mcg 3 times per week 	1 Kit	
<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