



Specialty Pharmacy

MULTIPLE SCLEROSIS FORM

1-866-629-6779 • Toll Free Fax 1-866-217-8034

PATIENT INFORMATION

Patient's Name: DOB: Sex: Address: City State Zip Home Phone: Cell Phone: Work Phone: Patient's Weight: Allergies: Ship Meds to: Patient Physician's Office

INSURANCE INFORMATION (fill out entirely OR fax copy of patient's insurance card - both sides)

Primary Insurance: Secondary Insurance: Insured: Insured: Group/Policy #: Group/Policy #:

Diagnosis: Multiple Sclerosis ICD-9CM 340. Treatment of relapsing forms of Multiple Sclerosis to slow the accumulation of physical disability and decrease the frequency of clinical exacerbations. Diagnosis:

AVONEX

Avonex4 Week Pack (vials) - 4 injections per box Avonex Prefilled Syringe - 4 injections per box Boxes to be dispensed Sig: 30mcg IM q weekly Sig: Refills EpiPen Auto Injection Qty Enroll in MS ActiveSource

BETASERON

Betaseron Autoject Qty: 30 Day Supply Sig: 90 Day Supply to be dispensed EpiPen Auto Injection Qty Sig: 0.3 mg reconstitute * inject SQ qod Sig: Week 1-2 0.0625 mg/0.25mL Refills Week 3-4 0.125 mg/0.50 mL Refills Week 5-6 0.1875 mg/0.75 mL Refills Week 7+ 0.25 mg/1.0 mL Refills Medication to be obtained by patient: Acetaminophen Ibuprofen Other: Dispense Training Kit Enroll in BETAPLUS

COPAXONE

20 mg SC QD Qty: 30 Day Supply 90 Day Supply Refill PRN Refill Times Autoject 2 for glass syringe Refill PRN EpiPen Auto Injection Qty Other Refills Enroll in Shared Solutions

REBIF

Rebiject 2 Auto Injection Refill PRN Refill Times Titration Weeks 1-2 8.8 mcg/0.2 ml SC TIW Refills Titration Weeks 3-4 22 mcg/0.5 mL SC TIW Refills Titration Weeks 5+ 44 mcg/0.5 mL SC TIW Refills Alternate Dosing: 28 Day Supply 84 Day Supply Other: EpiPen Auto Injection Qty Enroll in MS LifeLines

OTHER

Other:

Sig: Qty Refills

Skilled nurse visit for home-based injection training OR Injection training in physician's office

Anticipated Start Date: Today's Date:

Physician's Signature: M.D.

A generically equivalent drug may be dispensed unless the practitioner hand writes the words 'Brand Necessary' or 'Brand Medically Necessary' next to each individual prescription line item..

Physician's Name: Office Contact: Address: Phone: City/State/Zip: Fax: NPI #: License #: