

MULTIPLE SCLEROSIS PRESCRIPTION FORM

Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy. Prescribers are reminded patients may choose any pharmacy of their choice.

altScripts Specialty Pharmacy
 1636 Miller Park Way, West Milwaukee, WI 53214
 Phone: 414-385-9500 Fax: 414-385-7200
 www.altscripts.com



Patient Information: please provide a copy of the patient's insurance card or information				
Patient Name:		DOB:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	HT:
Address:		City:	State:	Zip Code:
Insurance:	Subscriber's name:	ID#:	Group #:	
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> List allergies:				
Referral Expectations				
Injection training: <input type="checkbox"/> Please complete by pharmacy staff <input type="checkbox"/> Completed by physician office staff <input type="checkbox"/> Completed by home nurse/manuf program		Manufacturer care kit: <input type="checkbox"/> Provide to patient <input type="checkbox"/> Provided by MD office <input type="checkbox"/> Please do not provide		Manufacturer program enrollment <input type="checkbox"/> Complete at pharmacy <input type="checkbox"/> Completed by physician office staff <input type="checkbox"/> Please do not enroll
Clinical Diagnosis: please fax or email relevant clinical notes, labs, tests and previous medical history to expedite prior authorization				
Diagnosis / ICD-10:			Prior treatment - include name and date of prior treatment:	
Current treatment:			Name and date of initiation:	
Number of relapses in past year:	Last MRI date:	<input type="checkbox"/> Pregnant or planning pregnancy		Serum Creatinine:
Medication	Dose / Strength	Directions	Quantity	Refills
<input type="checkbox"/> Aubagio ®	<input type="checkbox"/> 7 mg tablet <input type="checkbox"/> 14 mg tablet	<input type="checkbox"/> 7 mg tablet PO once daily <input type="checkbox"/> 14 mg tablet PO once daily	<input type="checkbox"/> 28 days supply	
<input type="checkbox"/> Avonex ®	<input type="checkbox"/> 30 mcg prefilled syringe #4 <input type="checkbox"/> 30 mcg pen #4	<input type="checkbox"/> Inject IM once weekly	<input type="checkbox"/> 28 days supply	
<input type="checkbox"/> Betaseron ®	<input type="checkbox"/> 0.3 mg vial	<input type="checkbox"/> Dose titration: weeks 1-2 inject 0.0625 mg/0.25 mL SQ QOD; weeks 3-4 inject 0.125 mg/0.5 mL SQ QOD; weeks 5-6 inject 0.187 mg/0.75 mL SQ QOD; weeks 7+ inject 0.25 mg/1 mL SQ QOD <input type="checkbox"/> Maintenance dose: 0.25 mg/1 mL SQ QOD	<input type="checkbox"/> 28 days supply	
<input type="checkbox"/> Copaxone ®	<input type="checkbox"/> 20 mg/mL prefilled syringe <input type="checkbox"/> 40 mg/mL prefilled syringe	<input type="checkbox"/> 20 mg/mL SQ once daily <input type="checkbox"/> 40 mg/mL SQ three times per week, at least 48 hours apart	<input type="checkbox"/> 28 days supply	
<input type="checkbox"/> Dalfampridine (generic Ampyra ®)	<input type="checkbox"/> 10 mg ER tab	<input type="checkbox"/> 10 mg tablet PO every 12 hours	<input type="checkbox"/> 28 days supply	
<input type="checkbox"/> Glatopa ®	<input type="checkbox"/> 20 mg/mL prefilled syringe	<input type="checkbox"/> 20 mg/mL SQ once daily	<input type="checkbox"/> 28 days supply	
<input type="checkbox"/> Extavia ®	<input type="checkbox"/> 0.3 mg vial	<input type="checkbox"/> Dose titration: weeks 1-2 inject 0.0625 mg/0.25 mL SQ QOD; weeks 3-4 inject 0.125 mg/0.5 mL SQ QOD; weeks 5-6 inject 0.187 mg/0.75 mL SQ QOD; weeks 7+ inject 0.25 mg/1 mL SQ QOD <input type="checkbox"/> Maintenance dose: 0.25 mg/1 mL SQ QOD	<input type="checkbox"/> 28 days supply	
<input type="checkbox"/> Gilenya ®	<input type="checkbox"/> 0.5 mg capsule	<input type="checkbox"/> Take 0.5 mg capsule PO once daily	<input type="checkbox"/> 28 days supply	
<input type="checkbox"/> Lemtrada ®	<input type="checkbox"/> 12 mg/1.2 mL vial	<input type="checkbox"/> 12 mg IV for 5 days <input type="checkbox"/> 12 mg IV for 3 days		
<input type="checkbox"/> Ocrevus™	<input type="checkbox"/> 300 mg/10 mL vial	<input type="checkbox"/> Day 1: 300 mg IV <input type="checkbox"/> 2 weeks after first dose: 300 mg IV <input type="checkbox"/> 6 months after last dose: 600 mg IV		
<input type="checkbox"/> Plegridy ®	<input type="checkbox"/> 63 mcg/ 0.5 mL pen / syringe <input type="checkbox"/> 94 mcg/ 0.5 mL pen / syringe <input type="checkbox"/> 125 mcg/ 0.5 mL pen / syringe	<input type="checkbox"/> Day 1: 63 mcg SQ <input type="checkbox"/> Day 15: 94 mcg SQ <input type="checkbox"/> Maintenance dose: 125 mcg every 14 days SQ (start on day 29)		
<input type="checkbox"/> Rebif ® <input type="checkbox"/> Rebif Redidose ®	<input type="checkbox"/> Titration Pack (8.8 mcg/ 22 mcg) <input type="checkbox"/> 22 mcg prefilled syringes <input type="checkbox"/> 44 mcg prefilled syringes	<input type="checkbox"/> Dose titration: weeks 1-2: 4.4 mcg SQ three times a week; weeks 3-4: 11 mcg SQ three times a week; weeks 5+: 22 mcg SQ three times a week <input type="checkbox"/> Dose titration: weeks 1-2: 8.8 mcg SQ three times a week; weeks 3-4: 22 mcg SQ three times a week; weeks 5+: 44 mcg SQ three times a week Maintenance: <input type="checkbox"/> Inject 22 mcg/0.5 mL OR <input type="checkbox"/> Inject 44 mcg/0.5 mL SQ three times a week, at least 48 hours apart	<input type="checkbox"/> 28 days supply	
<input type="checkbox"/> Tecfidera ®	<input type="checkbox"/> 120 mg capsule <input type="checkbox"/> 240 mg capsule	<input type="checkbox"/> Days 1-7: 120 mg PO BID <input type="checkbox"/> Days +7: 240 mg PO BID		
Physician Information				
Prescriber name:		Phone:	Office contact name:	
Prescriber address:		City:	State:	Zip:
NPI:	DEA:	Fax and/or Email:		
Prescriber signature:		Date:	<input type="checkbox"/> DO NOT SUBSTITUTE	

Important Notice: This facsimile transmission is intended to be delivered only to the named recipient(s), 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 recipient, immediately notify the sender at the address and phone number set forth herein and obtain instructions as to properly dispose of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except authority of the sender to the named addressee.