

MULTIPLE SCLEROSIS PRESCRIPTION FORM (M-Z)

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

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:	WT:
Address:	City:	State:	Zip Code:	Phone:
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:	Pregnant or Planning Pregnancy: <input type="checkbox"/> Y <input type="checkbox"/> N	Serum Creatinine:	
Medication	Dose / Strength	Directions	Quantity	Refills
<input type="checkbox"/> Mayzent ®	<input type="checkbox"/> 0.25 mg tablets <input type="checkbox"/> 2 mg tablets	Refer to website for dosing guidelines: https://www.mayzenthcp.com/assets/pdf/mayzent-start-form.pdf <input type="checkbox"/> Take 2 mg PO once daily <input type="checkbox"/> Other:		
<input type="checkbox"/> Ocrevus™	<input type="checkbox"/> 300 mg/10 mL vial	<input type="checkbox"/> Day 1: Infuse 300 mg intravenously <input type="checkbox"/> 2 weeks after first dose: Infuse 300 mg intravenously <input type="checkbox"/> 6 months after last dose: Infuse 600 mg intravenously		
<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: Inject 63 mcg SQ <input type="checkbox"/> Day 15: Inject 94 mcg SQ <input type="checkbox"/> Maintenance dose: Inject 125 mcg SQ every 14 days (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: Inject 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: Inject 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"/> Tecfidera®	<input type="checkbox"/> 120 mg capsule <input type="checkbox"/> 240 mg capsule	<input type="checkbox"/> Days 1-7: Take 120 mg PO twice daily <input type="checkbox"/> Days +7: Take 240 mg PO twice daily		
<input type="checkbox"/> Vumerity®	<input type="checkbox"/> 231 mg delayed-release capsules	<input type="checkbox"/> Starting dose: Take 231 mg capsule twice daily for 7 days <input type="checkbox"/> Maintenance dose after 7 days: Take 462 mg (two capsules) twice daily		
<input type="checkbox"/> Zeposia®	<input type="checkbox"/> 7-Capsule Starter Kit <input type="checkbox"/> 0.92 mg capsule	<input type="checkbox"/> Dose titration: Take 0.23 mg capsule PO once daily on days 1 - 4. Then take 0.46 mg capsule PO once daily on days 5-7. <input type="checkbox"/> Take 0.92 mg capsule PO once daily		
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.