SMP PHARMACY SOLUTIONS
P: 855.650.5009
F: 855.447.6637

Multiple Sclerosis Prescription Faxable

Today's Date:_____ Needed by:_____ Name:_____ Phone:_____

Patient Demographic: (Provide the following or attached demographic sheet)

Patient Name: _____
Address:_____
City, State, Zip:_____
Home Phone:_____Alt. Phone: _____
SS#:_____Date Birth: _____
Gender:_____ Height:_____Weight_____BSA____m2

Prescriber: (Provide as much information as possible)

Prescriber's Name:_____Group/Hospital: _____
Specialty:_____NPI #:_____DEA: _____
Address:_____
City, State, Zip: _____
Phone:_____Fax:_____
Alt. Contact Name: _____
Phone:_____Position: _____

Insurance Information (Please copy and attach the front and back of the Insurance Card):
Primary Insurance Name:_____ID#_____BIN#:_____Group#:_____PCN#:_____Phone:_____
☐No Insurance ☐Patient will pay out of pocket ☐Enroll in Manufacturer's Patient Assistance Program

Medication Delivery to (Choose Only One):
☐Patient Address ☐First Fill Physician's Office, Refill to Patient Address ☐Patient will pick up at Pharmacy

Diagnosis (ICD -10 code): ☐G35 Multiple Sclerosis ☐Other _____

Injection Training & Educational Needs: ☐Specialty Pharmacy Injection Training Requested
Requested OR (Please Choose only one) ☐Physician's Office already trained Patient ☐Patient is already independently Injecting

Patient Allergies/ Allergic reactions:
1. _____ 2. _____

Prior (Failed) Medications (Reason for D/C):
1. _____ 2. _____

Medication	Dose / Strength	Direction	Quantity	Refills
☐ Avonex	☐ 30 mcg PF Syr. ☐ 30 mcg Pen (Single Doses) ☐ 30 mcg Vial Single Dose Vial	☐ Inject 30 mcg IM once a week	☐ 28-days (1 kit) ☐ 84- days (3 kits)	
☐ Aubagio	☐ 7mg ☐ 14mg	☐ Take one tablet by mouth once a day	☐ 28 day supply (1 box) ☐ 84 day supply (3 boxes)	
☐ Betaseron	☐ 0.3mg	☐ Inject 0.25mg (1mL) SC every other day ☐ Dose Titration: ☐ Weeks 1-2: Inject 0.0625 mg/ 0.25mL SC QOD ☐ Weeks 3-4: Inject 0.125 mg/0.50 mL SC QOD ☐ Weeks: 5-6: Inject 0.1875 mg/ 0.75 mL SC QOD ☐ Weeks 7+ : Inject 0.25 mg / 1mL SC QOD ☐ Other : _____	☐ 28-Days (1 Kit of 14 Vials) ☐ 84 - Days (3 Kits of 14 Vials	
☐ Copaxone	☐ 20mg PF SYR	☐ Inject 20 mg SC daily	☐ 30 - Days (1 Kit) ☐ 90 - Days (3 Kits)	
	☐ 40mg PF SYR	☐ Inject 40 mg SC three times a week	☐ 28 - Days (12 Syr) ☐ 84 - Days (36 Syr)	
☐ Extavia	☐ 0.3mg	☐ Inject 0.25mg (1mL) SC every other day ☐ Dose Titration: ☐ Weeks 1-2: Inject 0.0625 mg/ 0.25mL SC QOD ☐ Weeks 3-4: Inject 0.125 mg/0.50 mL SC QOD ☐ Weeks: 5-6: Inject 0.1875 mg/ 0.75 mL SC QOD ☐ Weeks 7+ : Inject 0.25 mg / 1mL SC QOD ☐ Other : _____		
☐ Gilenya	☐ 0.5mg	☐ Take one capsule by mouth once daily	☐ 30 - Days (1 Bottle) ☐ 90 - Days (3 Bottles)	
☐ Glatopa	☐ 20mg PF Syr	☐ Inject 20mg SC Daily	☐ 30 - Days (1 Kit) ☐ 90 - Days (3 Kits)	

☐ Sharps Package: (Sterile sponges, alcohol swabs, sharps container)

By signing this form and utilizing our services, you are authorizing SMP and its employees to serve as your prior authorizati on designated agent in dealing with medical and prescription insurance companies.

_____ Prescriber Signature

___/___/___ Date

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Medication	Dose / Strength	Direction	Quantity	Refills
☐ Lemtrada	☐ 12mg/1.2mL Vial	☐ Administer IV over 4 hours for 2 treatment courses: ☐ **1st Course:** 12mg / day on 5 Consecutive Days ☐ **2nd Course:** 12mg / day on 3 Consecutive Days 12 months after first treatment course	☐ 1st Course: 5-day supply (5 Vials) ☐ 2nd Course: 3-day supply (3 Vials)	
☐ Ocrevus	☐ 300mg / 10 mL (30 mg/mL) Single Dose Vial	☐ Induction Dose: Infuse 300 mg IV, followed; by two weeks later by a second 300 mg IV infusion ☐ Maintenance Dose: Infuse 600 mg IV every 6 months	☐ 2 Vials ☐ _____	
☐ Plegridy	☐ Pen Starter Pack (one 63 mcg pen & one 94 mcg pen) ☐ Prefilled Syringe Starter Pack (one 63 mcg pre-filled syringe & one 94 mcg pre-filled syringe)	☐ Day 1: Administer 63 mcg / 0.5 mL SC ☐ Day 15: Administer 94 mcg / 0.5 mL SC	☐ 28 day supply	
	☐ Pen Maintenance Pack (two 125 mcg pens) ☐ Pre-Filled Syringe Maintenance Pack (two 125 mcg pre-filled syringes)	☐ Administer 125 mcg / 0.5 mL SC every 14 days ☐ Other: _____	☐ 28 day supply (1 pack) ☐ 84 day supply (1 Kit)	
☐ Rebif	☐ Titration Pack (six 8.8 mcg & Six 22 mcg PF Syr) ☐ Rebidose Titration Pack (Six 8.8 mcg PF autoinjectors & Six 22 mcg PF autoinjectors)	Weeks 1 - 2: Inject 8.8 mcg SC three times a week. Weeks 3 - 4: Inject 22 mcg SC three times a week.	28 - days (1 kit)	
	☐ 22 mcg PF Syr. ☐ Rebidose 22 mcg PF autoinjector ☐ 44 mcg PF Syr. ☐ Rebidose 44 mcg PF autoinjector	Inject 44 mcg SC three times a week. Other:_____	28 - days (1 kit) 84 - days (3 kits)	
☐ Tecfidera	☐ Titration Starter Pack (14 capsules of 120 mg & 46 capsules of 240 mg)	Take one 120 mg capsule by mouth twice a day for 7 days, followed by one 240 mg capsule by mouth twice a day	30 day supply	
	☐ 120 mg capsules ☐ 240 mg capsules	☐ Take 240 mg capsule by mouth twice a day ☐ Other: _____	☐ 7 day supply ☐ 30 day supply ☐ 90 day supply	
☐ Tysabri	Please complete an MS Touch / Tysabri enrollment form			
☐ Zinbryta	Please complete a copy of the Zinbryta Patient Enrollment Form by accessing www.Zinbryta.com or calling 1-800-456-2255			
☐ Other:				
☐ Sharps Package: (Sterile sponges, alcohol swabs, sharps container)				

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_____
Prescriber Signature

_____/_____/_____
Date