SPECIALTY PHARMACY

NEUROLOGY

Lake Mary, FL toll free toll free fax
krogerspecialtypharmacy.com

DATE: ______________ NEEDS BY DATE: ______________ SHIP TO: ❑ PATIENT ❑ OFFICE ❑ OTHER ______________

PATIENT INFO

Patient Name

Address

City, State, Zip

Main Phone   Alternate Phone

Social Security #

Date of Birth   ❑ Male ❑ Female

PRESCRIBER INFO

Prescriber Name

DEA #   NPI #   License #

Address

City, State, Zip

Phone   Fax

Contact Person

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES ❑ MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis Code: ❑ G35 Multiple Sclerosis ❑ Other ______________

❑ Relapsing Remitting ❑ Primary Progressive ❑ Secondary Progressive ❑ Progressive Relapsing

Drug Allergies: ______________

History:
- Has the patient been previously treated for this condition? ❑ No ❑ Yes Medication failed ______________
- Is the patient currently on therapy? ❑ No ❑ Yes Medication failed ______________
- Will patient stop taking current therapy before starting new therapy? ❑ Yes ❑ No
- How long will the patient wait before starting the new therapy? ______________
- Are there other medications patient currently taking? Please list: ______________

PRESCRIPTION INFORMATION			QUANTITY	REFILLS
❑ Avonex®	30mcg ❑ PFS ❑ PEN ❑ Pwd	❑ Inject 30mcg intramusculary once weekly ❑ Other dosing: ______________	1kit ______	11 ______
❑ Betaseron®	0.3mg Vial	❑ Initial Week 1&2: 0.0625mg (0.25ml), Week 3&4: 0.125mg (0.5ml), Week 5&6: 0.1875mg (0.1875mg (0.75ml), Week 7+: 0.25mg (1ml) SQ every other day ❑ Maintenance Dose: Inject 0.25mg (1ml) SQ every other day	1kit 1kit	None 11
❑ Copaxone®	❑ 20mg PFS ❑ 40mg /mL PFS	❑ Inject 20mg subcutaneously daily ❑ Inject 40mg subcutaneously three times a week	1kit 1kit	11 11
❑ Extavia®	0.3mg Vial	❑ Initial Week 1&2: 0.0625mg (0.25ml), Week 3&4: 0.125mg (0.5ml), Week 5&6: 0.1875mg (0.1875mg (0.75ml), Week 7+: 0.25mg (1ml) SQ every other day ❑ Maintenance Dose: Inject 0.25mg (1ml) SQ every other day	1kit 1kit	None 11
❑ Gilenya®	0.5mg Capsule	Take 1 capsule PO daily	1 month supply	11
❑ Glatopa®	20mg PFS	Inject 20mg SQ daily	1kit	11
❑ Plegridy®	❑ Starter Pack ❑ PEN ❑ PFS ❑ 125mcg PFS ❑ 125mcg PEN	❑ Inject 63mcg SQ on day-1, then 94mcg SQ on day -15, then 125mcg SQ on day-29 ❑ Inject 125mcg SQ every 14 days	1kit 1kit	None 11
❑ Rebif®	❑ Titration Rebidose ❑ Titration Pack ❑ 22mcg/0.5mL Rebidose ❑ 22mcg/0.5mL PFS ❑ 44mcg/0.5mL Rebidose ❑ 44mcg/0.5mL PFS	❑ Titration Dose: wk 1&2: inject 8.8mcg SQ TIW; wk 3& 4: inject 22mcg SQ TIW; wk 5+: inject 44mcg SQ TIW ❑ Maintenance Dose: Inject__ mcg SQ TIW	1kit 1kit	None 11
❑ Tecfidera®	❑ Titration Starter Pack Caps ❑ 240mg ❑ 120mg	❑ Titration Dose: Take 120mg PO BID x 7 days, then take 240mg PO BID thereafter ❑ Take 240mg capsule PO Twice Daily ❑ Take 120mg capsule PO Twice Daily ❑ Other ______________	1kit 1 month supply 1 month supply	None 11 11
❑ Epipen® ❑ Epipen Jr.®		Inject 1 pen into thigh area in case of anaphylaxis; may repeat	2 pen pack	______

❑ Other ______________

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted ______ Date ______

Prescriber's Signature (no stamps) Dispense As Written ______ Date ______

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