



SPECIALTY PHARMACY

ORAL 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	<input type="checkbox"/> Male <input type="checkbox"/> 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
 First clinical episode of MS; if yes, does patient have MRI features consistent with MS? Yes No

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
<input type="checkbox"/> dalfampridine	10mg ER Tablet	Take 1 tablet PO twice daily (approximately 12 hours apart)					30-day supply	_____
<input type="checkbox"/> Gilenya*	0.5mg Capsule	Take 1 capsule PO daily					30-day supply	_____
<input type="checkbox"/> Mavenclad*	10mg Tablets	FIRST CYCLE (Month 1): Number of Mavenclad (cladribine) 10 mg tablets per cycle Weight Range: kg (lb) Day 1 Day 2 Day 3 Day 4 Day 5 Total # Tablets <input type="checkbox"/> 40 to <50 (88 to <110 lb) 1 1 1 1 0 4 <input type="checkbox"/> 50 to <60 (110 to <132 lb) 1 1 1 1 1 5 <input type="checkbox"/> 60 to <70 (132 to 154 lb) 2 1 1 1 1 6 <input type="checkbox"/> 70 to <80 (154 to <176 lb) 2 2 1 1 1 7 <input type="checkbox"/> 80 to <90 (176 to <198 lb) 2 2 2 1 1 8 <input type="checkbox"/> 90 to <100 (198 to <220 lb) 2 2 2 2 1 9 <input type="checkbox"/> 100 to <110 (220 to <242 lb) 2 2 2 2 2 10 <input type="checkbox"/> 110 and above (≥ 242 lb) 2 2 2 2 2 10 Take by mouth daily at intervals of 24 hours approximately the same time each day per product package instructions.						None
Weight: _____		SECOND CYCLE (Month 2): Number of Mavenclad (cladribine) 10 mg tablets per cycle Weight Range: kg (lb) Day 1 Day 2 Day 3 Day 4 Day 5 Total # Tablets <input type="checkbox"/> 40 to <50 (88 to <110 lb) 1 1 1 1 0 4 <input type="checkbox"/> 50 to <60 (110 to <132 lb) 1 1 1 1 1 5 <input type="checkbox"/> 60 to <70 (132 to 154 lb) 2 1 1 1 1 6 <input type="checkbox"/> 70 to <80 (154 to <176 lb) 2 2 1 1 1 7 <input type="checkbox"/> 80 to <90 (176 to <198 lb) 2 2 2 1 1 8 <input type="checkbox"/> 90 to <100 (198 to <220 lb) 2 2 2 2 1 9 <input type="checkbox"/> 100 to <110 (220 to <242 lb) 2 2 2 2 2 10 <input type="checkbox"/> 110 and above (≥ 242 lb) 2 2 2 2 2 10 Take by mouth daily at intervals of 24 hours approximately the same time each day per product package instructions.						None
<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2								
<input type="checkbox"/> Tecfidera*	<input type="checkbox"/> Titration Starter Pack <input type="checkbox"/> 240mg capsules <input type="checkbox"/> 120mg capsules	<input type="checkbox"/> Titration Dose: Take 120mg capsule PO BID x 7 days, then take 240mg capsule PO BID thereafter <input type="checkbox"/> Maintenance Dose: Take 240mg capsule PO BID <input type="checkbox"/> Other _____					30-day supply	None
<input type="checkbox"/> Other							30-day supply	_____

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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