



# Injectable/Infusion Neurology

Lake Mary, FL toll free

toll free fax

krogerspecialtypharmacy.com

Date: \_\_\_\_\_ Need By Date: \_\_\_\_\_ Ship To:  Patient  Office  Other \_\_\_\_\_ Fax Copy:  Rx Card Front/Back  Clinical Notes  Medical Card Front/Back

Patient Information		Prescriber Information	
Patient Name		Prescriber Name	
Address		Address	
City State Zip		City State Zip	
Main Phone	Alternate Phone	Phone	Fax
Social Security #		Contact Person	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	DEA #	NPI # License #

Clinical Information	
Diagnosis: <input type="checkbox"/> G35 Multiple Sclerosis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Relapsing Remitting <input type="checkbox"/> Primary Progressive <input type="checkbox"/> Secondary Progressive <input type="checkbox"/> Progressive Relapsing <input type="checkbox"/> First clinical episode of MS; if yes, does patient have MRI features consistent with MS? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Drug Allergies	
History: Has the patient been previously treated for this condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, Medication Failed: _____ Is the patient currently on therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes, Medication Failed: _____ Will patient stop taking current therapy before starting new therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes How long will the patient wait before starting the new therapy? _____ Are there other medications patient is currently taking? Please list: _____	

Prescription Information			Qty	Refills
<input type="checkbox"/> Avonex*	<input type="checkbox"/> 30mcg PFS <input type="checkbox"/> 30mcg Pen	<input type="checkbox"/> Inject 30mcg Intramuscularly once weekly <input type="checkbox"/> Other: _____	28 Day Supply	_____
<input type="checkbox"/> Betaseron*	0.3mg Vial	<input type="checkbox"/> Dose Titration: Week 1-2: Inject 0.0625mg (0.25mL) SQ every other day Week 3-4: 0.125mg (0.5mL) SQ every other day Week 5-6: 0.1875mg (0.75mL) SQ every other day Week 7+: 0.25mg (1mL) SQ every other day <input type="checkbox"/> Maintenance Dose: Inject 0.25mg (1mL) SQ every other day	QS for Titration	None
<input type="checkbox"/> Copaxone*	<input type="checkbox"/> 20mg PFS <input type="checkbox"/> 40mg PFS	<input type="checkbox"/> Inject 20mg SQ daily <input type="checkbox"/> Inject 40mg SQ three times a week	28 Day Supply	_____
<input type="checkbox"/> Extavia*	0.3mg Vial	<input type="checkbox"/> Dose Titration: Week 1-2: Inject 0.0625mg (0.25mL) SQ every other day Week 3-4: 0.125mg (0.5mL) SQ every other day Week 5-6: 0.1875mg (0.75mL) SQ every other day Week 7+: 0.25mg (1mL) SQ every other day <input type="checkbox"/> Maintenance Dose: Inject 0.25mg (1mL) SQ every other day	28 Day Supply	_____
<input type="checkbox"/> Glatopa*	<input type="checkbox"/> 20mg PFS <input type="checkbox"/> 40mg PFS	<input type="checkbox"/> Inject 20mg SQ daily <input type="checkbox"/> Inject 40mg SQ three times a week	30 Day Supply	_____
<input type="checkbox"/> Glatiramer Acetate	<input type="checkbox"/> 20mg PFS <input type="checkbox"/> 40mg PFS	<input type="checkbox"/> Inject 20mg SQ daily <input type="checkbox"/> Inject 40mg SQ three times a week	28 Day Supply	_____
<input type="checkbox"/> Kesimpta*	20mg/0.4mL Pen	<input type="checkbox"/> Loading Dose: Inject 20mg subcutaneously once weekly for 3 doses (week 0, 1, and 2), then once monthly starting at Week 4 <input type="checkbox"/> Maintenance Dose: Inject 20mg subcutaneously once monthly starting at Week 4	3 Pens	None
<input type="checkbox"/> Ocrevus*	300mg Vial	<input type="checkbox"/> Initial: Infuse 300mg IV on Day 1 and on Day 15 <input type="checkbox"/> Maintenance: Infuse 600mg IV every 6 months	2 Vials 2 Vials	None
<input type="checkbox"/> Plegridy*	<input type="checkbox"/> Starter Pack <input type="checkbox"/> Pen <input type="checkbox"/> PFS <input type="checkbox"/> 125mcg PFS <input type="checkbox"/> 125mcg Pen	<input type="checkbox"/> Dose Titration: Inject 63mcg SQ on Day 1, then 94mcg SQ on Day 15. Inject 125mcg on Day 29 and every 14 days thereafter <input type="checkbox"/> Maintenance Dose: Inject 125mcg SQ every 14 days	28 Day Supply	None
<input type="checkbox"/> Rebif*	PFS: <input type="checkbox"/> Titration Pack <input type="checkbox"/> 22mcg/0.5mL <input type="checkbox"/> 44mcg/0.5mL  Rebidose: <input type="checkbox"/> Titration <input type="checkbox"/> 22mcg/0.5mL <input type="checkbox"/> 44mcg/0.5mL	<input type="checkbox"/> Dose Titration (Goal Dose = 22mcg): Week 1-2: Inject 4.4mcg SQ TIW Week 3-4: 11mcg SQ TIW Week 5+: 22mcg SQ TIW <input type="checkbox"/> Maintenance Dose: Inject 22mcg SQ TIW <input type="checkbox"/> Other: _____ <input type="checkbox"/> Dose Titration (Goal Dose = 44mcg): Week 1-2: Inject 8.8mcg SQ TIW Week 3-4: 22mcg SQ TIW Week 5+: 44mcg SQ TIW <input type="checkbox"/> Maintenance Dose: Inject 44mcg SQ TIW <input type="checkbox"/> Other: _____	28 Day Supply	None
<input type="checkbox"/> Other			28 Day Supply	_____

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