



SPECIALTY PHARMACY

ORAL NEUROLOGY

Lake Mary, FL toll free 855.733.3126 toll free fax 888.315.3270

krogerspecialtypharmacy.com

DATE: _____ NEEDS BY DATE: _____ SHIP TO: PATIENT OFFICE OTHER _____

PATIENT INFORMATION	
Patient Name	
Address	
City, State, Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female

PRESCRIBER INFORMATION		
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: 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? No Yes
 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 BID (approximately 12 hours apart)	30-day supply	_____																																																															
<input type="checkbox"/> Gilenya®	0.5mg Capsule	Take 1 capsule PO QD	30-day supply	_____																																																															
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<input type="checkbox"/> Tecfidera®	<input type="checkbox"/> Titration Starter Pack <input type="checkbox"/> 240mg Capsule <input type="checkbox"/> 120mg Capsule	<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 30-day supply	None _____																																																															
<input type="checkbox"/> Vumerity®	<input type="checkbox"/> Titration Starter Pack <input type="checkbox"/> 231mg Capsule	Titration Dose: Take 1 capsule PO BID x 7 days, then take 2 capsules PO BID Maintenance Dose: Take 2 capsules PO BID	30-day supply 30-day supply	None _____																																																															
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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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