

New/Changed Dose
Multiple Sclerosis (A-G) Aubagio®, Avonex®, Bafiertam™, Betaseron®, Copaxone®, Glatiramer Acetate, Glatopa®, Dalfampridine, Gilenya®
Prescriber Information

Prescriber Name _____ MD DO NP PA NPI _____
 Office Contact _____ Practice Name / Collaborating MD _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patient's Name _____ Last 4 Digits of SS# _____ DOB / /
 Sex M F Weight _____ Height _____ Diabetic? Y N
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work/Cell _____ HIPAA Contact _____
 Emergency # _____
 Interpreter Needed? Y N | Allergies Y N If Yes, list allergies _____

Insurance Information

Primary Insurance _____ Policy ID _____ Group# _____
 BIN _____ PCN _____
 Policyholder Name _____ Policyholder DOB / /

Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES, AND LAB VALUES
ICD-10/Diagnosis Code Multiple Sclerosis (G35) Other _____

Has patient been previously treated for this condition? Y N

Type _____ Clinically isolated syndrome Relapsing-Remitting Primary Progressive
 Secondary Progressive

Prior failed medication (medication and duration of treatment/reason for d/c) _____

Patient currently on therapy? Y N Medication(s) _____

Will patient be stopping above medication before starting new therapy? Y N

 Discontinuation Date / / Is prescriber a Neurologist? If no, include neurology consult if available Y N
 Other _____

Number of relapses in past year _____ Last MRI Date / / Any changes? Y N

Is patient pregnant, nursing or planning pregnancy? Y N N/A

Serum Creatinine _____ Creatinine Clearance _____

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
AUBAGIO® Teriflunomide	7 mg tablets 14 mg tablets	Take 1 tablet by mouth daily	30 Day Supply	
AVONEX® PFS Pen	30 mcg/0.5 ml (#4)	Inject 30 mcg IM once weekly Other Regimen _____	28 Day Supply	
BAFIERTAM™ Monomethyl fumarate	95 mg capsules	Starter Dose: Take 1 capsule (95 mg) by mouth twice daily for 7 days, then take 2 capsules (190 mg) by mouth twice daily thereafter	1 bottle (120 capsules)	
		Maintenance Dose: Take 2 capsules (190 mg) by mouth twice daily	30 Day Supply	
BETASERON®	0.3 mg kit PFS (#14)	Dose Titration: Weeks 1-2: Inject 0.0625 mg/0.25 ml SQ QOD Weeks 3-4: Inject 0.125 mg/0.50 ml SQ QOD Weeks 5-6: Inject 0.1875 mg/0.75 ml SQ QOD Weeks 7+: Inject 0.25 mg/1 ml SQ QOD Maintenance Dose: Inject 0.25 mg/1 ml SQ QOD Other Regimen:	28 Day Supply	
COPAXONE® GLATIRAMER ACETATE® GLATOPA®	20 mg/ml PFS (#30)	Inject 20 mg SQ QD	30 Day Supply	
	40 mg/ml PFS (#12)	Inject 40 mg SQ 3x a week (at least 48 hours apart)	28 Day Supply	
DALFAMPRIDINE (generic Ampyra®)	10 mg tablets (#60)	Take 1 tablet by mouth every 12 hours	30 Day Supply	
GILENYA®	0.5 mg capsule (#30)	Take 0.5 mg by mouth QD	30 Day Supply 60 Day Supply 90 Day Supply	

Injection Training

Patient received injection training Prescriber's office to provide injection training
Community Memorial Healthcare to coordinate injection training

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

Prescriber Signature _____

Substitution Permitted

Date _____

Prescriber Signature _____

Dispense as Written

Date _____

If brand is required, please write
"DAW" in the box to the right.