

Deliver to: Patient's Home Prescriber's Office Other: _____ Hold shipment until notified by prescriber Anticipated Start Date: _____

1. Patient Information

Last Name: _____ Home Phone: _____ Work / Mobile Phone: _____
 First Name: _____ Home Address: _____
 S.S.#: _____ Date of Birth: _____ City: _____ State: _____ Zip: _____
 Guardian / Caregiver: _____ Sex: Male Female Height: _____ Weight: _____ lb. kg.

2. Patient Insurance Information (Please fax front and back copy of all insurance cards - prescription and medical)

Medical Insurance: _____ Phone: _____ Prescription Card: _____ Phone: _____
 Subscriber Name: _____ Policy #: _____ BIN / PCN: _____
 Policy #: _____ Group #: _____ Medicare #: _____ Medicaid #: _____

3. Prescriber Information

Prescriber Name: _____ MD DO NP PA License #: _____ NPI #: _____ DEA #: _____
 Practice Name: _____ Phone: _____ Fax: _____
 Address: _____ Office Contact: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Collaborating Physician: _____

4. Diagnosis and Clinical Information (Please fax recent clinical notes, labs and tests, with the prescription to expedite the prior authorization)

Allergies: _____ Multiple Sclerosis (ICD-10 Code: G35)
 Meds Tried / Failed: _____ Relapsing Remitting (RRMS) Progressive Relapsing (PRMS)
 Current Medications: _____ Primary Progressive (PMS) Secondary Progressive (SPMS)
 Does MRI show features consistent with a MS diagnosis? Yes No Other ICD-10 Diagnosis Code: _____
 Is this the first clinical episode of MS for this patient? Yes No Other Disease States: _____
 Is the patient's functional status ambulatory? Yes No

5. Prescription Information

Medication	Dose / Strength	Directions	Dispense	Refills
AMPYRA®	<input type="checkbox"/> 10 mg tablets	• Take 10 mg PO twice daily	60 tablets	
AVONEX®	<input type="checkbox"/> 30 mcg PFS <input type="checkbox"/> 30 mcg PFS autoinjector	• Inject 30 mcg/0.5 mL IM every 7 days	1 box	
BETASERON®	<input type="checkbox"/> 0.3 mg LYO	<input type="checkbox"/> Dose titration: • Weeks 1-2: Inject 0.0625 mg SC QOD • Weeks 3-4: Inject 0.125 mg SC QOD • Weeks 5-6: Inject 0.1875 mg SC QOD • Weeks 7+: Inject 0.25 mg SC QOD <input type="checkbox"/> Maintenance dose: Inject 1 mL (0.25 mg) SC QOD	1 box	1
COPAXONE®	<input type="checkbox"/> 20 mg PFS <input type="checkbox"/> 40 mg PFS	<input type="checkbox"/> Inject 20 mg/mL SC QD <input type="checkbox"/> Inject 40 mg/mL SC 3XW, at least 48 hours apart	1 box	
EXTAVIA®	<input type="checkbox"/> 0.3 mg LYO	<input type="checkbox"/> Dose titration: • Weeks 1-2: Inject 0.0625 mg SC QOD • Weeks 3-4: Inject 0.125 mg SC QOD • Weeks 5-6: Inject 0.1875 mg SC QOD • Weeks 7+: Inject 0.25 mg SC QOD <input type="checkbox"/> Maintenance dose: Inject 1 mL (0.25 mg) SC QOD	1 box	1
GLATOPA®	<input type="checkbox"/> 20 mg PFS <input type="checkbox"/> 40 mg PFS	<input type="checkbox"/> Inject 20 mg/mL SC QD <input type="checkbox"/> Inject 40 mg/mL SC 3XW, at least 48 hours apart	1 box	
GILENYA®	<input type="checkbox"/> 0.5 mg capsules	<input type="checkbox"/> Take 0.5 mg PO QD <input type="checkbox"/> Take 0.25 mg PO QD	30 capsules	
MAYZENT®	<input type="checkbox"/> 0.25 mg tablets <input type="checkbox"/> 2 mg tablets	<input type="checkbox"/> Dose titration to 1 mg: • Day 1-2: Take 0.25 mg PO QD • Day 3: Take 0.50 mg PO QD • Day 4: Take 0.75 mg PO QD • Day 5+: Take 1 mg PO QD <input type="checkbox"/> Dose titration to 2 mg: Reference www.mayzenthcp.com for the "Start Form" or call (877) 629-9368 for the starter pack Maintenance dose: <input type="checkbox"/> Take 1 mg PO QD <input type="checkbox"/> Take 2 mg PO QD		
OCREVUS®	<input type="checkbox"/> 300 mg/1 mL SDV	<input type="checkbox"/> Start dose: Infuse 300 mg IV, followed two weeks later by a second 300 mg infusion <input type="checkbox"/> Maintenance dose: Infuse 600 mg IV Q6M	2 vials	2 vials

Patient Support Programs: Please have patient sign and date to enroll in pharmaceutical company assisted patient support program.

Patient Signature _____ Date ____ / ____ / ____

Account Manager

Prescriber Authorization (No stamps. Signature and date must be completed in prescriber's handwriting. NY prescriptions must be submitted via e-script.)

I authorize US Bioservices Corporation to act as my representative and on behalf of myself and my patient to initiate any authorization processes from applicable health plans, if needed, including the submission of any necessary forms to such health plans.

Prescriber Signature-Substitution Permissible _____ **PREScriBER SIGNATURE REQUIRED. NO STAMPS.** Date ____ / ____ / ____

Prescriber Signature-Dispense as Written _____ **PREScriBER SIGNATURE REQUIRED. NO STAMPS.** Date ____ / ____ / ____

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Medication	Dose / Strength	Directions	Dispense	Refills
PLEGRIDY® Titration Pack	<input type="checkbox"/> Starter PFS <input type="checkbox"/> Starter Pen	• Inject 63 mcg SC on day 1, followed by 94 mcg on day 2, and then 125 mcg on day 29	1 box	0
PLEGRIDY®	<input type="checkbox"/> 125 mcg/0.5 mL Pen <input type="checkbox"/> 125 mcg/0.5 mL PFS	• Inject 125 mcg SC Q14D	1 box	
REBIF® Titration Pack	<input type="checkbox"/> PFS <input type="checkbox"/> Rebidose autoinjector	<input type="checkbox"/> 22 mcg dosing (PFS Only) • Weeks 1-2: Inject 4.4 mcg SC TIW • Weeks 3-4: Inject 11 mcg SC TIW	1 pack	0
		<input type="checkbox"/> 44 mcg dosing • Weeks 1-2: Inject 8.8 mcg SC TIW • Weeks 3-4: Inject 22 mcg SC TIW	1 pack	0
REBIF®	<input type="checkbox"/> 22 mcg autoinjector <input type="checkbox"/> 22 mcg PFS <input type="checkbox"/> 44 mcg autoinjector <input type="checkbox"/> 44 mcg PFS	<input type="checkbox"/> Inject 22 mcg SC TIW <input type="checkbox"/> Inject 44 mcg SC TIW	1 box	
TECFIDERA®	<input type="checkbox"/> 30-day starter pack	• Take 120 mg PO BID x 7 days + 240 mg PO BID x 23 days	1 pack	0
	<input type="checkbox"/> 120 mg capsules	• Take 120 mg PO BID	56 capsules	
	<input type="checkbox"/> 240 mg capsules	• Take 240 mg PO BID x 30 days	60 capsules	
VUMERITY®	<input type="checkbox"/> 231 mg DR capsules	<input type="checkbox"/> Start dose: Take 231 mg PO BID x 7 days, then 462 mg PO BID thereafter <input type="checkbox"/> Maintenance dose: Take 462 mg PO BID	106 capsules	0
			120 capsules	
ZEPOSIA®	<input type="checkbox"/> 0.92 mg capsules	<input type="checkbox"/> Maintenance dose: Take 0.92 mg PQ QD	30 capsules	

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