

FAX FORM TO: 1.877.597.3070

PHONE: 1.800.473.3516

EMAIL: specialty@wellpartner.com

Complete the following or include demographic sheet.

1. PATIENT INFORMATION

Name: _____
 Address: _____
 City, State, ZIP: _____
 Primary Phone: - - - - - DOB: / /
 Alternate Phone: - - - - - Gender: _____
 Email: _____
 Primary Language: _____ Last Four of SSN: _____

2. PRESCRIBER INFORMATION

Name: _____
 DEA #: _____ NPI #: _____ State Lic. #: _____
 Group or Hospital: _____
 Address: _____
 City, State, Zip: _____
 Phone: - - - - - Fax: - - - - -
 Contact Person: _____ Phone: - - - - -

3. INSURANCE INFORMATION *Fax copy of prescription and insurance cards with this form, if available (front and back)*

4. DIAGNOSIS AND CLINICAL INFORMATION

Needs by Date: / / Ship to: Patient Office Other:
 Date of Diagnosis: / / Patient is: New to Therapy Restarting Therapy Currently on Therapy
 If currently on therapy, start date of therapy: / /
 G35 Multiple Sclerosis
 RRMS (Relapsing-Remitting)
 SPMS (Secondary-Progressive)
 PPMS (Primary-Progressive)
 PRMS (Progressive-Relapsing)
 Other (specify): _____
 Current Therapy: Aubagio Avonex Betaseron Copaxone Extavia
 Gilenya Novantrone Rebif Tecfidera Tysabri
 Other Current Medications: _____
 Prior or Failed Medications: _____
 Has patient received injection training? Yes No
 Allergies: _____
 Height (in/cm): _____ Weight (lb/kg): _____

5. PRESCRIPTION INFORMATION

Medication	Dose/Strength	Directions	Quantity	Refills
<input type="radio"/> Aubagio® (LD)*	(LD)* This is a limited distribution drug that requires additional handling. Please call (1.800.473.3516) for more information.			
<input type="radio"/> Avonex®	<input type="radio"/> 30 mcg prefilled syringe (PFS) <input type="radio"/> 30 mcg pen (single dose) <input type="radio"/> 30 mcg single dose vial	<input type="radio"/> Inject 30 mcg intramuscularly once a week.	<input type="radio"/> 4-week supply (1 kit) <input type="radio"/> 12-week supply (3 kits) <input type="radio"/> Other:	
<input type="radio"/> Betaseron®	<input type="radio"/> 0.3 mg	<input type="radio"/> Inject 0.25 mg (1 ml) subcutaneously every other day <input type="radio"/> Dose Titration: • Weeks 1-2: Inject 0.0625 mg/0.25 ml subcutaneously QOD • Weeks 3-4: Inject 0.125 mg/0.50 ml subcutaneously QOD • Weeks 5-6: Inject 0.1875 mg/0.75 ml subcutaneously QOD • Weeks 7+: Inject 0.25 mg/1 ml subcutaneously QOD <input type="radio"/> Other:	<input type="radio"/> 28-day supply (14 vials) <input type="radio"/> 84-day supply (42 vials)	
<input type="radio"/> Copaxone®	<input type="radio"/> 20 mg PFS <input type="radio"/> 40 mg PFS	<input type="radio"/> Inject 20 mg subcutaneously daily <input type="radio"/> Inject 40 mg subcutaneously 3 times per week	<input type="radio"/> 30-day supply (1 kit) <input type="radio"/> 90-day supply (3 kits) <input type="radio"/> 4-week supply (12 syringes) <input type="radio"/> 12-week supply (36 syringes)	
<input type="radio"/> Autoject 2® for glass syringe injection device		Use as directed	1	PRN
<input type="radio"/> Extavia®	<input type="radio"/> 0.3 mg	<input type="radio"/> Inject 0.25 mg (1 ml) subcutaneously every other day <input type="radio"/> Dose Titration: • Weeks 1-2: Inject 0.0625 mg/0.25 ml subcutaneously QOD • Weeks 3-4: Inject 0.125 mg/0.50 ml subcutaneously QOD • Weeks 5-6: Inject 0.1875 mg/0.75 ml subcutaneously QOD • Weeks 7+: Inject 0.25 mg/1 ml subcutaneously QOD <input type="radio"/> Other:	<input type="radio"/> 30-day supply (1 kit) <input type="radio"/> 90-day supply (3 kits)	
<input type="radio"/> Gilenya™	<input type="radio"/> 0.5 mg	<input type="radio"/> Take one 0.5 mg capsule by mouth once a day	<input type="radio"/> 28-day supply (1 box) <input type="radio"/> 84-day supply (3 boxes)	
<input type="radio"/> Glatopa	<input type="radio"/> 20 mg PFS	<input type="radio"/> Inject 20 mg subcutaneously daily	<input type="radio"/> 30-day supply (1 kit) <input type="radio"/> 90-day supply (3 kits)	
<input type="radio"/> Lemtrada (LD)*	(LD)* These are limited distribution drugs that require additional handling. Please call (1.800.473.3516) for more information.			
<input type="radio"/> Plegridy (LD)*	(LD)* These are limited distribution drugs that require additional handling. Please call (1.800.473.3516) for more information.			
<input type="radio"/> Rebif®	<input type="radio"/> Titration Pack (8.8 mcg/22 mcg) <input type="radio"/> 22 mcg PFS <input type="radio"/> 44 mcg PFS <input type="radio"/> Rebidose® Titration Pack <input type="radio"/> Rebidose® 22 mcg autoinjector <input type="radio"/> Rebidose® 44 mcg autoinjector	<input type="radio"/> Inject 8.8 mcg subcutaneously 3 times per week weeks 1-2, 22 mcg subcutaneously 3 times per week weeks 3-4 <input type="radio"/> Maintenance: Inject 22 mcg (0.5 ml) SQ 3 times per week <input type="radio"/> Maintenance: Inject 44 mcg (0.5 ml) SQ 3 times per week <input type="radio"/> Other:	<input type="radio"/> 4-week supply (1 kit) <input type="radio"/> 12-week supply (3 kits) <input type="radio"/> Other:	
<input type="radio"/> Tecfidera™ (LD)*	(LD)* These are limited distribution drugs that require additional handling. Please call (1.800.473.3516) for more information.			
<input type="radio"/> Tysabri® (LD)*	(LD)* These are limited distribution drugs that require additional handling. Please call (1.800.473.3516) for more information.			
<input type="radio"/> Zinbryta (LD)*	(LD)* These are limited distribution drugs that require additional handling. Please call (1.800.473.3516) for more information.			
<input type="radio"/> Other:				

Ancillary supplies and kits will be provided as needed for administration.

6. PRESCRIBER SIGNATURE

X _____ / / X _____ / /
 DISPENSE AS WRITTEN DATE PRODUCT SUBSTITUTION PERMITTED DATE

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address or telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.