Home Infusion & Specialty Pharmacy
CHARTWELL[SM]

Multiple Sclerosis Referral Form

Auth #: ______________________ Auth Dates: ______________________ ☐ UPMC prior auth form attached

Patient Information

Date: ______________ Patient SS#: ______________ ☐ Male ☐ Female

Patient's First Name: ______________ Patient's Last Name: ______________

Address: ______________ City: ______________ State: ______ Zip: ______

Phone #: ______________ Alternate Phone #: ______________

DOB: ________ Wt: ________ Caregiver/Emergency Contact: ______________ Phone#: ______________

Allergies: ______________ Latex: ☐ Yes ☐ No

Insurance Information

Primary Insurance: ______________ Secondary Insurance: ______________

Insured: ______________ Insured: ______________

Phone: ______________ Phone: ______________

Policy #: ______________ Group #: ______________ Policy #: ______________ Group #: ______________

ICD10

Diagnosis: ☐ G35 Multiple Sclerosis ☐ Other: ______________

Prescription

Medication	Dose/Strength	Directions	Quantity	Refills
Aubagio®	☐ 7mg ☐ 14mg	☐ 7mg once daily ☐ 14mg	28 day supply	
Avonex®	☐ Titration Schedule ☐ 30 mcg Pen ☐ 30 mcg PFS ☐ 30 mcg Vial	☐ Week 1: inject 7.5 mcg (0.125mL) once weekly ☐ Week 2: inject 15mcg (0.25mL) once weekly ☐ Week 3: inject 22.5mcg (0.375mL) once weekly ☐ Week 4: inject 30mcg (0.5mL) once weekly ☐ Inject 30mcg IM once weekly	4-week supply	
Betaseron®	☐ Titration Schedule ☐ 0.25mg	☐ Week 1-2: 0.0625 mg (0.25mL) every other day ☐ Week 3-4: 0.125mg (0.50mL) every other day ☐ Week 5-6: 0.1875mg (0.75mL) every other day ☐ Week 7+: 0.25mg (1.0mL) every other day ☐ Inject 0.25mg every other day	28 day supply	
Copaxone®	☐ 20mg ☐ 40mg	☐ Inject 20mg daily ☐ Inject 40mg 3x/ week	☐ #30 ☐ #12	
Extavia®	☐ Titration Schedule ☐ 0.25mg	☐ Week 1-2: 0.0625 mg (0.25mL) every other day ☐ Week 3-4: 0.125mg (0.50mL) every other day ☐ Week 5-6: 0.1875mg (0.75mL) every other day ☐ Week 7+: 0.25mg (1.0mL) every other day ☐ Inject 0.25mg every other day	30 day supply	
Gilenya®	☐ 0.5 mg capsule	☐ Take 1 capsule daily	28 capsules	
Rebif®	☐ Titration Pack ☐ 22mcg ☐ 44mcg	☐ Inject 8.8mcg SC 3x/ week weekly for two weeks; followed by 22mcg SC 3x/ weekly for two weeks ☐ Inject 22mcg SC three times weekly ☐ Inject 44mcg SC three times weekly	4 week supply	
Tecfidera®	☐ 120mg capsule ☐ 30 day starter pack ☐ 240mg capsule	☐ Take 1 capsule (120mg) twice a day ☐ 120mg twice a day for 7 days: followed by 240 mg twice a day ☐ Take 1 capsule (240mg) twice a day	☐ #14 ☐ 1 pack (30 day supply) ☐ #60	

Prescriber Information

Date Shipment Needed: ______________ Ship to: ☐ Patient ☐ Physician/Clinic

Ship to Other: ______________

Physician's Name (please print): ______________

Office Contact Name: ______________

Phone #: ______________ Fax: ______________

Office Address: ______________ City: ______________ State: ______ Zip: ______

Physician's Signature: ______________

I authorize Chartwell Pennsylvania Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

Updated 2.16.16

FAX: (412) 920-1869 PHONE: (800) 366-6020