



Multiple Sclerosis Therapies

Fax to 866-406-4215

Customer Service: 866-406-4209

MEDICA®

Patient Information

Name _____

Address _____

City _____ State _____ ZIP Code _____

Date of Birth _____ / _____ / _____

Spouse or Guardian Name _____

Home Phone w/area code _____

Work Phone w/area code _____

Insurance Information

Please attach a copy of card(s) if possible.

Major Medical Rx Benefit

Primary Insurer _____

Phone w/area code _____

Fax w/area code _____

Cardholder _____

DOB _____ Cardholder ID # _____

Group # _____ RxCard ID # _____

RxBin # _____ RxGroup # _____

Medical Assessment

Allergies _____ ICD-9 Code _____

Diagnosis (select one): Relapsing-Remitting Primary-Progressive
 Progressive-Relapsing Secondary-Progressive

Physician Information

Please acknowledge receipt of this fax.

Physician Name _____

Address _____

City _____ State _____ ZIP Code _____

Phone w/area code _____

Fax w/area code _____

DEA # _____ UPIN _____

Form Faxed By _____

PHYSICIAN SIGNATURE REQUIRED

_____ Date _____

I certify that the prescribed therapy is medically necessary and the information on this form is accurate to the best of my knowledge.

Avonex® Manufacturer Program: MS ActiveSourceSM

Dispense:

Avonex Powder for Reconstitution Administration
Dose Pack – 4 vials (30 mcg/mL)

Avonex Prefilled Kit – 4 (30 mcg/0.5 mL) syringes

SIG:

30 mcg IM once a week

Quantity _____ Refill x _____

Betaseron® Manufacturer Program: MS PathwaysSM

Dispense:

Betaseron Powder for Reconstitution – 15 (0.3 mg) vials

SIG:

Reconstitute as directed. Withdraw and inject
1.0 mL (0.25 mg) SC every other day.

Reconstitute as directed. Withdraw and inject:

Weeks 1-2 0.25 mL (0.0625 mg) SC every other day

Weeks 3-4 0.50 mL (0.125 mg) SC every other day

Weeks 5-6 0.75 mL (0.1875 mg) SC every other day

Weeks 7+ 1.0 mL (0.25 mg) SC every other day

Quantity _____ Refill x _____

Copaxone® Manufacturer Program: Shared Solutions®

Dispense:

Copaxone Prefilled Kit – 30 (20 mg/mL) syringes

SIG:

20 mg SC once a day

Quantity _____ Refill x _____

Rebif® Manufacturer Program: MS LifeLines™

Dispense:

Rebif Prefilled Titration Pack – 6 (8.8 mcg syringes) and
6 (22 mcg syringes)

Rebif 22 mcg Prefilled Kit – 12 (22 mcg/0.5 mL) syringes

Rebif 44 mcg Prefilled Kit – 12 (44 mcg/0.5 mL) syringes

SIG:

44 mcg SC 3 times a week

0.2 mL (8.8 mcg) SC 3 times a week for the first 2 weeks, then
inject 0.5 mL (22 mcg) SC 3 times a week during weeks 3 and 4

Quantity _____ Refill x _____

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