

Date: _____ Needs by date: _____
Patient Information:
 Patient Name: _____
 Address: _____
 City, State, Zip: _____
 Main Phone: _____ Alt. Phone: _____
 Last 4 of SSN: _____ Height _____ in cm Weight _____ lbs o kg
 Date of Birth: _____ o Male o Female

Ship to: Patient _____ Office: _____ Other: _____
Prescriber Information:
 Prescriber Name: _____
 DEA: _____ NPI: _____ Group: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact Person: _____

INSURANCE INFORMATION: PLEASE FAX A COPY OF PRESCRIPTION CARD AND MEDICAL CARD (FRONT AND BACK)
Clinical Information: Statement of Medical Necessity

Primary Diagnosis: _____ Date of Diagnosis: _____ Allergies: _____ o NKDA Renal Dysfunction: o Yes o No Current SCR: _____ CrCl: _____ mL/min
 ICD -10 code: _____ Current Medications: _____
 Prior Failed medications: _____ Reason for discontinuation: _____

Prescription Information				
Medication	Dose/ Strength	Directions	Quantity	Refills
Aimovig®	o 70 mg/ mL PF syringe SureClick autoinjector o 70 mg/ mL PF syringe	o Inject 70 mg SC ONCE every FOUR weeks o Inject 140 mg (2 syringes) SC ONCE every FOUR weeks		
Ajovy™	o 225 mg/ 1.5 mL PF syringe	o Inject 225 mg SC ONCE every FOUR weeks o Inject 675 mg (3 syringes) SC ONCE every THREE MONTHS		
Avonex®	o 30 mcg/ 0.5 mL PF syringe autoinjector o 30 mcg/ 0.5 mL PF syringe o 30 mcg single use vial needing reconstitution	o Induction titration: - week 1: Inject 7.5 mcg IM - week 2: Inject 15 mcg IM - week 3: Inject 22.5 mcg IM - week 4+: Inject 30 mcg IM o Maintenance: Inject 30 mcg IM ONCE weekly		
Betaseron®	o 0.3 mg single use vial needing reconstitution	o Induction titration: - week 1-2: Inject 0.0625 mg (0.25 mL) SC EVERY OTHER DAY - week 3-4: Inject 0.125 mg (0.5 mL) SC EVERY OTHER DAY - week 5-6: Inject 0.1875 mg (0.75 mL) SC EVERY OTHER DAY - week 7+: Inject 0.25 mg (1 mL) SC EVERY OTHER DAY o Maintenance: Inject 0.25 mg (1 mL) SC EVERY OTHER DAY		
Botox®	o 100 units single use vial needing reconstitution o 200 units single use vial needing reconstitution	o Chronic Migraine: Inject the recommended total dose 155 Units IM (where as 0.1 mL = 5 Units) divided across 31 sites on 7 head/neck muscles		
Copaxone®	o 20 mg/ mL PF syringe (white plunger) o 40 mg/ mL PF syringe (blue plunger)	o Inject 20 mg SC ONCE DAILY o Inject 40 mg SC THREE times a WEEK (at least 48hrs apart)		
Emgality™	o 120 mg/ mL PF pen o 120 mg/ mL PF syringe	o Induction: Inject 240 mg (2 syringes) SC ONCE o Maintenance: Inject 120 mg SC ONCE every FOUR weeks		
Extavia®	o 0.3 mg single use vial needing reconstitution	o Induction titration: - week 1-2: Inject 0.0625 mg (0.25 mL) SC EVERY OTHER DAY - week 3-4: Inject 0.125 mg (0.5 mL) SC EVERY OTHER DAY - week 5-6: Inject 0.1875 mg (0.75 mL) SC EVERY OTHER DAY - week 7+: Inject 0.25 mg (1 mL) SC EVERY OTHER DAY o Maintenance: Inject 0.25 mg (1 mL) SC EVERY OTHER DAY		
Glatopa®	o 20 mg/ mL PF syringe (white plunger) o 40 mg/ mL PF syringe (blue plunger)	o Inject 20 mg SC ONCE DAILY o Inject 40 mg SC THREE times a WEEK (at least 48hrs apart)		
Gilenya®	o 0.25 mg hard capsule o 0.5 mg hard capsule	o Wt ≤ 40 kg: Take 0.25 mg PO ONCE daily o Wt ≥ 40 kg: Take 0.5 mg PO ONCE daily		
Myobloc®	o 2,500 units/ 0.5 mL multi dose vial o 5,000 units/ 1 mL multi dose vial o 10,000 units/ 2 mL single dose vial	o Patient without prior history of using botulinum toxin injections should receive a lower initial dose o Initial dosing of MYOBLOC with prior history of using botulinum toxin injections should receive 2,500 – 5,000 units divided among 2-4 muscles		
Plegridy®	o Starter Pen Pack: - 63 mcg / 0.5 mL PF pen - 94 mcg/ 0.5 mL PF pen o 125 mcg/ 0.5 mL PF pen o Starter PF syringe Pack: - 63 mcg / 0.5 mL PF syringe - 94 mcg/ 0.5 mL PF syringe o 125 mcg/ 0.5 mL PF syringe	o Induction: - Inject 63 mcg SC on day 1 - Inject 94 mcg SC on day 15 - Inject 125 mcg SC on day 29 o Maintenance: Inject 125 mcg SC EVERY TWO WEEKS (14 days)		
Rebif®	o 8.8 mcg/ 0.2 mL PF syringe o 22 mcg/ 0.5 mL PF syringe o 44 mcg/ 0.5 mL PF syringe o 8.8 mcg/ 0.2 mL Rebidose Autoinjector o 22 mcg/ 0.5 mL Rebidose Autoinjector o 44 mcg/ 0.5 mL Rebidose Autoinjector	o Induction titration: 22 mcg dose * may only use PF syringe to titrate to this dose - Week 1 & 2: 4.4 mcg (PF Syringe) SC THREE times a WEEK - Week 3 & 4: 11 mcg (PF Syringe) SC THREE times a WEEK - Week 5+: 22 mcg (PF Syringe or Autoinjector) SC THREE times a WEEK o Induction titration: 44 mcg dose - Week 1 & 2: 8.8 mcg SC THREE times a WEEK - Week 3 & 4: 22 mcg SC THREE times a WEEK - Week 5+: 44 mcg SC THREE times a WEEK o Maintenance: Inject 22 mcg SC THREE times a WEEK (at least 48hrs apart) o Maintenance: Inject 44 mcg SC THREE times a WEEK (at least 48hrs apart)		
Tecfidera®	o 120 mg capsule o 240 mg capsule	o Induction: Take 120 mg PO TWICE daily for 7 days o Maintenance: Take 240 mg PO TWICE daily		
Other:				

By signing this form and utilizing our services, you are authorizing Dottie's Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies. **Important Notice:** This form is intended to be delivered only to the named addressee. Confidential information may be protected health information under federal and state laws. If you receive this communication in error do not review, disclose, disseminate distribute or copy. Please notify the sender immediately and destroy all copies and any attachments.

Prescriber Signature: _____ Dispense as Written _____ Product Substitution Permitted _____ Date: _____