

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 #: _____ Grp #: _____ Policy #: _____ Grp #: _____

ICD10

Diagnosis: G35 Multiple Sclerosis Other: _____

Prescription

Medication	Dose/Strength	Directions	Quantity	Refills
Lioresal Intrathecal Refill Kits	<input type="checkbox"/> KIT #: 8561 One ampule of 10 mg/20 ml (500 mcg/ml)	Refill implantable pump reservoir for intrathecal infusion as direct by manufacturer's instructions		
Lioresal Intrathecal Refill Kits	<input type="checkbox"/> KIT #: 8562 Two ampules of 10 mg/5 ml (2000 mcg/ml)	Refill implantable pump reservoir for intrathecal infusion as direct by manufacturer's instructions		
Lioresal Intrathecal Refill Kits	<input type="checkbox"/> KIT #: 8564 One ampule of 40 mg/20 ml (2000 mcg/ml)	Refill implantable pump reservoir for intrathecal infusion as direct by manufacturer's instructions		
Lioresal Intrathecal Refill Kits	<input type="checkbox"/> KIT #: 8565 Two ampules of 10 mg/20 ml (500 mcg/ml)	Refill implantable pump reservoir for intrathecal infusion as direct by manufacturer's instructions		
Lioresal Intrathecal Refill Kits	<input type="checkbox"/> KIT #: 8566 Two ampules of 40 mg/20 ml (2000 mcg/ml)	Refill implantable pump reservoir for intrathecal infusion as direct by manufacturer's instructions		
Gablofen (baclofen) Intrathecal	<input type="checkbox"/> One 1ml vial of 50 mcg per mL	Refill implantable pump reservoir for intrathecal infusion as direct by manufacturer's instructions		
Gablofen (baclofen) Intrathecal	<input type="checkbox"/> One 20 ml vial of 500 mcg per mL (10,000 mcg per 20 mL)	Refill implantable pump reservoir for intrathecal infusion as direct by manufacturer's instructions		
Gablofen (baclofen) Intrathecal	<input type="checkbox"/> One 20 ml vial of 2,000 mcg per mL (40,000 mcg per 20 mL)	Refill implantable pump reservoir for intrathecal infusion as direct by manufacturer's instructions		

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.