Home Infusion & Specialty Pharmacy
CHARTWELL
PENNSYLVANIA, LP

NEUROLOGY: MS P-T

Chartwell Specialty Pharmacy
Phone: 1-800-366-6020 Fax: 412-920-1869

Date:______________ Auth #: _________________________ Auth Dates: _________________________ ☐ UPMC prior auth form attached

Patient Information

First Name: ______________________ Last Name: ____________________________ DOB: ___________ SSN: _______________ ☐ Male ☐ Female
Address: ______________________________ City: ____________________________ State:_____________ Zip: _______________
Phone: _____________________ Alternate Phone: _______________________ Caregiver/ Emergency Contact: _____________ Phone: ____________
Weight: ____________________ Allergies: ____ Latex Allergy: ☐ Yes ☐ No

Insurance Information

Primary Insurance: ____ Secondary Insurance: _______________________________________
Insured: ____ Insured: ____
Phone: ____ Phone: ____
Policy #: _____________________ Group #: _________________________ Policy #: ________________________ Group #: ____________________

ICD 10

Diagnosis:
☐ G35 Multiple Sclerosis ☐ Other:

Prescription Information

Medication	Dose/ Strength	Directions	Quantity	Refills
☐ Plegridy®	☐ PEN 63mcg – 94mcg starter pack ☐ PEN 125mcg ☐ PFS 63mcg – 94mcg starter pack ☐ PFS 125mcg	☐ Dose Titration: Inject 63mcg under the skin on day 1, then inject 94mcg under the skin on day 15 ☐ Inject the contents of 1 syringe (125mcg) under the skin every 14 days	☐ Starter Pack: ________ ☐ 28-day supply (1 kit)	
☐ Ponvory™	☐ Starter Dose Pack ☐ 20mg tablet	☐ **Dose Titration:** Days 1–2: 2mg by mouth once daily Days 3–4: 3mg by mouth once daily Days 5–6: 4mg by mouth once daily Day 7: 5mg by mouth once daily Day 8: 6mg by mouth once daily Day 9: 7mg by mouth once daily Day 10: 8mg by mouth once daily Day 11: 9mg by mouth once daily Days 12-14: 10mg by mouth once daily ☐ **Maintenance Dose: 20mg by mouth once daily**	☐ Starter Pack ☐ 30 tablets	
☐ Rebif®	☐ Titration Pack (six 8.8mcg & 22mcg PFS) ☐ 22mcg PFS ☐ 44mcg PFS ☐ Titration Pack Rebidose® (six 8.8mcg prefilled autoinjectors & six 22mcg prefilled autoinjectors) ☐ Rebidose® 22mcg prefilled autoinjector ☐ Rebidose® 44mcg prefilled autoinjector	☐ **Dose Titration:** Inject 8.8mcg subcutaneously three times a week weeks 1–2, 22mcg subcutaneously three times a week weeks 3–4, & 44mcg subcutaneously three times a week weeks 5+ ☐ Inject 44mcg subcutaneously three times a week ☐ Other:______________________________	☐ Starter Pack: ________ ☐ 28-day supply	
☐ Tecfidera® ☐ Dimethyl Fumarate	☐ Titration Starter Pack ☐ 240mg capsules ☐ 120mg capsules	☐ Titration Starter Pack: take 120mg capsule by mouth twice a day for 7 days followed by 240mg capsule by mouth twice a day ☐ Maintenance dose: take 240mg capsule by mouth twice a day ☐ Other:______________________________	☐ Titration Starter Pack: 30-days ☐ 240mg/60 capsules ☐ 120mg/56 capsules ☐ Other:____________	

Prescriber Information

Date Shipment Needed: ______________________ Ship to: ☐ Patient ☐ Physician/ Clinic ☐ Other: ______________________________
Physician's Name: ____________________________ Office Contact Name: ___________________________ Phone: __________ Fax: ____________
Address: ____ City: ___________ State: _____________ Zip: _______________
Physician's Signature: ____ Date: ____________________

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