

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
<input type="checkbox"/> Vumerity®	<input type="checkbox"/> Starter Bottle <input type="checkbox"/> 231mg capsules	<input type="checkbox"/> Starting dose: take 231mg capsule twice by mouth a day for 7 days <input type="checkbox"/> Maintenance dose after 7 days: 462mg (administered as two 231mg capsules by mouth) twice a day, orally	<input type="checkbox"/> 30-day supply	
<input type="checkbox"/> Zeposia®	<input type="checkbox"/> 7 Day Starter <input type="checkbox"/> 0.92mg capsule	<input type="checkbox"/> Take one 0.23mg capsule daily for 4 days, then one 0.46mg capsule for 3 days <input type="checkbox"/> Take one capsule by mouth daily <input type="checkbox"/> Other: _____	<input type="checkbox"/> Starter Pack <input type="checkbox"/> 0.92mg/30 capsules	

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: _____