

MS Oral Agents



toll-free phone 855.611.3399
toll-free fax 855.423.8300

Patient Information

patient: _____ male
last name, first name female DOB: _____ SS#: _____
address: _____
street city state zip
primary phone number: _____ cell alternate phone number: _____ cell
caregiver: _____ allergies: _____ NKDA
comorbidities: _____ height: _____ weight: _____ lbs
kg date: _____

Clinical Information

Primary ICD-10 Code: G35 Secondary ICD-10 Code: _____ Date of first demyelinating event: _____

Type: Clinically isolated syndrome Relapsing-remitting Secondary-progressive Primary-progressive Progressive-relapsing

Please provide clinical rationale for prescribing this agent (if not preferred formulary agent):

Prior therapies

Reason for
discontinuation

Prescription	strength	directions	quantity	refills
Ampyra®	To order Ampyra® please see the Acorda form at ampyra-hcp.com/local/files/acorda_SRF_V35.pdf phone: 888.881.1918 fax: 888.883.3053			
Aubagio®	7 mg 14 mg	Take one tablet by mouth once daily Other: _____	1 box (28 tablets)	
Gilenya®	0.5 mg	Take one capsule by mouth once daily Other: _____	1 box (30 capsules)	
Tecfidera® 30-Day Starter Pack		1 capsule (120 mg) orally twice a day for 7 days, then 1 capsule (240 mg) twice a day thereafter	Starter pack = 14 x 120 mg capsules and 46 x 240 mg capsules	0
Tecfidera®	240 mg	1 capsule orally twice daily Other: _____	60 capsules	

Prescriber + Shipping Information

prescriber (print): _____ office contact: _____
ship to: patient office alternate
shipping address: _____ street city state zip
office address: _____
(street, suite, city, state, zip)
phone: _____ fax: _____ NPI: _____ DEA: _____
prescriber's signature: _____ date: _____

I authorize Thrifty White Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process for this prescription and any future fills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time by providing written notice to Thrifty White Specialty Pharmacy.

Insurance Information: please fax copy of insurance card (front + back)

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately by calling 855-611-3399 or by emailing specialty@thriftywhite.com to obtain instructions as to the proper destruction of the transmitted material. Thank you.



www.thriftywhite.com

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