Humana Pharmacy®

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Humana Specialty Pharmacy®

Monday – Friday, 8 a.m. – 11 p.m., and
Saturday, 8 a.m. – 6:30 p.m., Eastern time

Remove above portion before faxing. Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

Multiple Sclerosis Oral Prescription Form

Patient information

Patient: _____ ❒ Female ❒ Male DOB: _____ Height: _____ Weight: _____ ❒ lb ❒ kg Date: _____

Address: _____ City: _____ State: _____ ZIP code: _____

Home phone #: _____ Cell phone #: _____ Caregiver: _____ Caregiver phone #: _____

Other medical conditions: _____ Allergies: ❒ No ❒ Yes: _____

Insurance plan: _____ Plan ID #: _____ BIN: _____ PCN: _____ Group #: _____

*Please send a copy of the patient's prescription insurance card if available.

Clinical information

ICD-10 code: _____ ❒ New therapy ❒ Continuing therapy

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

❒ First dose observation required: ____ ❒ First dose observation complete: ____

❒ First dose observation completion date: _____

Previous failed therapies, discontinuation reasons and dates:

Therapy	Discontinuation reason	Dates

Prescription information

Note: Ohio law allows one prescription per preprinted order form. Please use additional forms for more than one prescription.

Medication	Directions	Quantity	Refills
❒ Ampyra	Take one tablet (10 mg) PO twice daily, approximately 12 hours apart	❒ 60 tablets	_____
❒ Aubagio	❒ Take one tablet (7 mg) PO daily ❒ Take one tablet (14 mg) PO daily	❒ 30 tablets	_____
❒ Bafiertam	❒ Take one capsule (95 mg) PO twice daily for seven days, then take two capsules (190 mg) PO BID thereafter	❒ 120 tablets	0
	❒ Take two capsules (190 mg) PO twice daily	❒ 120 tablets	_____
❒ Gilenya *indicate FDO status above	❒ Take one capsule (0.5 mg) PO daily	❒ 30 capsules	_____
❒ Mavenclad *indicate patient weight above Treatment course ❒ Year 1 ❒ Year 2	Cycle 1: 10 mg tablet pack: ❒ 4-pack ❒ 5-pack ❒ 6-pack ❒ 7-pack ❒ 8-pack ❒ 9-pack ❒ 10-pack Cycle 2: 10 mg tablet pack: ❒ 4-pack ❒ 5-pack ❒ 6-pack ❒ 7-pack ❒ 8-pack ❒ 9-pack ❒ 10-pack Take dose PO daily at intervals of 24 hours, at the same time each day, per product package instructions.	❒ 1-pack	❒ 0 ❒ 1
❒ Mayzent *indicate FDO status above	Initial dose: ❒ 0.25 mg tablets (for patients who will titrate to a 1 mg maintenance dose) Take dose by mouth once daily: 1 tablet days 1 and 2; 2 tablets day 3; 3 tablets day 4; 4 tablets day 5 and after. Initial dose: ❒ Five-day starter pack (for patients who will titrate to a 2 mg maintenance dose) Take dose by mouth once daily: 1 tablet days 1 and 2; 2 tablets day 3; 3 tablets day 4; 5 tablets day 5.	_____	❒ 0
	Maintenance dose: ❒ Take 4x 0.25 mg tablets (1 mg) PO once daily ❒ Take one tablet (2 mg) PO once daily	❒ 1 mo. supply	_____
❒ Ponvory *indicate FDO status above	Initial dose: 14-day starter pack ❒ Follow package directions	❒ 1-pack	0
	Maintenance dose: ❒ Take one tablet (20 mg) PO daily	❒ 30 tablets	_____
❒ Tecfidera	Initial dose: 30-day starter pack ❒ Take one capsule (120 mg) PO twice daily for seven days. Then, take one capsule (240 mg) PO twice daily.	❒ 1-pack	0
	Maintenance dose: ❒ Take one capsule (240 mg) PO twice daily ❒ Take one capsule (120 mg) PO twice daily	❒ 1 mo. supply	
❒ Vumerity	❒ Take one capsule (231 mg) PO twice daily for seven days. Then, take two capsules (462 mg) PO twice daily.	❒ 106 capsules	0
	❒ Take two capsules (462 mg) PO twice daily	❒ 120 capsules	_____
❒ Zeposia	Initial dose: 37-day starter kit ❒ Days 1 to 4: Take 0.23 mg PO once daily. Days 5 to 7: Take 0.46 mg PO once daily. Day 8 and after: take 0.92 mg PO once daily.	❒ 1 kit	0
	Maintenance dose: ❒ Take one capsule (0.92 mg) PO daily	❒ 30 capsules	_____

Prescriber and shipping information (please print)

Prescriber: _____ NPI: _____

Ship to: ❒ Patient ❒ Office ❒ Other: _____

Office address: _____ City: _____ State: _____ ZIP code: _____

Office phone number: _____ Office fax number: _____

Signature: _____ Date: _____

We will dispense this prescription as generic, unless the prescriber indicates "Dispense as Written" here: _____

The prescriber is to comply with his/her state-specific prescription requirements, such as e-prescribing, state-specific prescription form and fax language. Noncompliance with state-specific requirements could result in outreach to the prescriber.