

CenterWell 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: _____ <input type="checkbox"/> New therapy <input type="checkbox"/> Continuing therapy Type: <input type="checkbox"/> Clinically isolated syndrome <input type="checkbox"/> Relapsing remitting <input type="checkbox"/> Secondary-progressive <input type="checkbox"/> Primary-progressive <input type="checkbox"/> Progressive-relapsing <input type="checkbox"/> First dose observation required: _____ <input type="checkbox"/> First dose observation complete: _____ <input type="checkbox"/> First dose observation completion date: _____	Previous failed therapies, discontinuation reasons and dates: Therapy _____ Discontinuation reason _____ Dates _____ _____ _____
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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
<input type="checkbox"/> Ampyra	Take one tablet (10 mg) PO twice daily, approximately 12 hours apart	<input type="checkbox"/> 60 tablets	_____
<input type="checkbox"/> Aubagio	<input type="checkbox"/> Take one tablet (7 mg) PO daily <input type="checkbox"/> Take one tablet (14 mg) PO daily	<input type="checkbox"/> 30 tablets	_____
<input type="checkbox"/> Bafiertam	<input type="checkbox"/> Take one capsule (95 mg) PO twice daily for seven days, then take two capsules (190 mg) PO BID thereafter <input type="checkbox"/> Take two capsules (190 mg) PO twice daily	<input type="checkbox"/> 120 tablets <input type="checkbox"/> 120 tablets	0 _____
<input type="checkbox"/> Gilenya *indicate FDO status above	<input type="checkbox"/> Take one capsule (0.5 mg) PO daily	<input type="checkbox"/> 30 capsules	_____
<input type="checkbox"/> Mavenclad *indicate patient weight above Treatment course <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2	Cycle 1: 10 mg tablet pack: <input type="checkbox"/> 4-pack <input type="checkbox"/> 5-pack <input type="checkbox"/> 6-pack <input type="checkbox"/> 7-pack <input type="checkbox"/> 8-pack <input type="checkbox"/> 9-pack <input type="checkbox"/> 10-pack Cycle 2: 10 mg tablet pack: <input type="checkbox"/> 4-pack <input type="checkbox"/> 5-pack <input type="checkbox"/> 6-pack <input type="checkbox"/> 7-pack <input type="checkbox"/> 8-pack <input type="checkbox"/> 9-pack <input type="checkbox"/> 10-pack Take dose PO daily at intervals of 24 hours, at the same time each day, per product package instructions.	<input type="checkbox"/> 1-pack	<input type="checkbox"/> 0 <input type="checkbox"/> 1
<input type="checkbox"/> Mayzent *indicate FDO status above	Initial dose: For 1mg maintenance dose patients <input type="checkbox"/> Starter pack Take dose by mouth once daily: 1 tablet days 1 and 2; 2 tablets day 3; 3 tablets day 4 Maintenance dose: <input type="checkbox"/> Take one tablet (1 mg) PO once daily <input type="checkbox"/> Take one tablet (2 mg) PO once daily	Initial dose: For 2mg maintenance dose patients <input type="checkbox"/> Starter pack Take dose by mouth once daily: 1 tablet days 1 and 2; 2 tablets day 3; 3 tablets day 4; 5 tablets day 5. <input type="checkbox"/> 1-pack	<input type="checkbox"/> 0 _____
<input type="checkbox"/> Ponvory *indicate FDO status above	Initial dose: 14-day starter pack <input type="checkbox"/> Follow package directions Maintenance dose: <input type="checkbox"/> Take one tablet (20 mg) PO daily	<input type="checkbox"/> 1-pack <input type="checkbox"/> 30 tablets	0 _____
<input type="checkbox"/> Tecfidera	Initial dose: 30-day starter pack <input type="checkbox"/> Take one capsule (120 mg) PO twice daily for seven days. Then, take one capsule (240 mg) PO twice daily. Maintenance dose: <input type="checkbox"/> Take one capsule (240 mg) PO twice daily <input type="checkbox"/> Take one capsule (120 mg) PO twice daily	<input type="checkbox"/> 1-pack <input type="checkbox"/> 1 mo. supply	0 _____
<input type="checkbox"/> Vumerity	<input type="checkbox"/> Take one capsule (231 mg) PO twice daily for seven days. Then, take two capsules (462 mg) PO twice daily. <input type="checkbox"/> Take two capsules (462 mg) PO twice daily	<input type="checkbox"/> 106 capsules <input type="checkbox"/> 120 capsules	0 _____
<input type="checkbox"/> Zeposia	Initial dose: 28-day starter kit <input type="checkbox"/> Follow package directions Maintenance dose: <input type="checkbox"/> Take one capsule (0.92 mg) PO daily	<input type="checkbox"/> 1 kit <input type="checkbox"/> 30 capsules	0 _____

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.