Gigi Specialty Pharmacy

Multiple Sclerosis Enrollment Form

A Dose Of Kindness With Every Perscription.

Ship to: ☐ Patient ☐ Office ☐ Other: Date: Needs by Date:

PATIENT INFORMATION

*Please complete the following or **send patient demographic sheet***

Patient Name _____

Address _____

Address 2 _____

City, State, ZIP _____

Home Phone _____

Alternate Phone _____

DOB _____ Last Four of SS# _____ Gender _____

PRESCRIBER INFORMATION

Prescriber's Name _____

State License # _____ UPIN _____

DEA _____ NPI _____

Group/Hospital _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____

Contact Person _____ Phone _____

INSURANCE INFORMATION

Prescription Card: Name of Insurer _____ ID # _____ BIN _____ PCN _____ Group _____

Primary Insurance: Subscriber _____ ID # _____ Name of Insurer _____ Phone _____

Secondary Insurance: Subscriber _____ ID # _____ Name of Insurer _____ Phone _____

MEDICAL INFORMATION

Diagnosis

Please include diagnosis name and ICD-9 - ICD-10

☐ 340.0 Multiple Sclerosis - G35 - Multiple Sclerosis
☐ Primary Progressive
☐ Progressive Relapsing
☐ Relapsing Remitting
☐ Other: ICD-10_____ Diagnosis _____

Number of Relapses in Past Year _____

Date of Diagnosis _____

Date of Last MRI _____ MRI Changes: ☐ Yes ☐ No

T25-FW Score _____

Additional Information Therapy: ☐ New ☐ Reauthorization ☐ Restart

Weight _____ kg/lbs Height _____ cm/in BSA _____ m²

Prior Treatment: ☐ Avonex ☐ Copaxone ☐ Rebif ☐ Betaseron ☐ Extavia ☐ Other _____

Treatment Response _____

Treatment Dates _____

Allergies _____

Lab Data (Include Faxed Values) _____

Concomitant Medications _____

Additional Comments _____

PRESCRIPTION INFORMATION

Medication	Dose/Strength	Directions	Quantity	Refills
☐ **Aubagio**	☐ 7mg Tablet ☐ 14mg Tablet			
☐ **Avonex** (Biogen Idec) ☐ Enroll in MS ActiveSource*	☐ 30mcg Syringe ☐ 30mcg Pen ☐ 30mcg Vial			
☐ **Betaseron** (Bayer) ☐ Enroll in BETAPLUS*	☐ 0.3mg Vial & Diluent			
☐ **Copaxone** (Teva) ☐ Enroll in Shared Solutions*	☐ 20mg Syringe			
☐ **Extavia** (Novartis) ☐ Enroll in MS Inspirations*	☐ 0.3mg Vial & Diluent			
☐ **Gilenya** (Novartis) ☐ Enroll in Gilenya GoProgram*	☐ 0.5mg Capsule			
☐ **Novantrone** (EMD Serono) ☐ Enroll in MS LifeLines*	☐ 10mg/5mL Vial ☐ 20mg/10mL Vial			
☐ **Rebif** (EMD Serono) ☐ Enroll in MS LifeLines*	☐ Titration Pack ☐ Rebidose® Auto-Injector Titration ☐ 22mcg Syringe ☐ Rebidose® Auto-Injector 22mcg ☐ 44mcg Syringe ☐ Rebidose® Auto-Injector 44mcg			
☐ **Tecfidera** ☐ Enroll in MS ActiveSource*	☐ 120mg Capsule ☐ 240mg Capsule			
☐ **Tysabri**		Complete MS TOUCH/Tysabri Enrollment Form		

***Patient Authorization:** I authorize NLSP to enroll me in the manufacturer's hub program checked above to receive services such as, but not limited to, injection training. I further authorize NLSP to share minimum necessary information about my health condition and treatment to the manufacturer's hub program to provide educational materials on multiple sclerosis, delivery of products and services offered by the program, and aggregated de-identified data for market analysis. I understand that I may revoke this authorization at any time by contacting NLSP at 212-414-9755. I also understand that I may refuse to sign this authorization and I will still be eligible for treatment by NLSP

Patient's Signature _____ Date _____

Prescriber's Signature _____

PRODUCT SUBSTITUTION PERMITTED _____ *DISPENSE AS WRITTEN*