

Please fax all pages of completed form to your team at 808.650.6487.

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Prescription & Enrollment Form Multiple Sclerosis–Fumarates

accredo[®]
677 Ala Moana Blvd., Suite 404,
Honolulu, HI 96813-5412

Four simple steps to submit your referral.

1 Patient Information



Please provide copies of front and back of all medical and prescription insurance cards.

New patient Current patient

Patient's first name _____ Last name _____ Middle initial _____

Preferred patient first name _____ Preferred patient last name _____

Sex at birth: Male Female Gender identity _____ Pronouns _____ Last 4 digits of SSN _____

Date of birth _____ Street address _____ Apt # _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Email address _____

Parent/guardian (if applicable) _____

Home phone _____ Cell phone _____ Email address _____

Alternate caregiver/contact _____

Home phone _____ Cell phone _____ Email address _____

OK to leave message with alternate caregiver/contact

Patient's primary language: English Other If other, please specify _____

2 Prescriber Information

All fields must be completed to expedite prescription fulfillment.

Date _____ Time _____ Date medication needed _____

Office/clinic/institution name _____

Prescriber's first name _____ Last name _____

Prescriber's title _____ If NP or PA, under direction of Dr. _____

Office phone _____ Fax _____ NPI # _____ License # _____

Office contact and title _____ Office contact email _____

Office street address _____ Suite # _____

City _____ State _____ Zip _____

Deliver product to: Prescriber's office Patient's home

3 Clinical Information

Primary ICD-10 code (REQUIRED): _____ Pregnancy test _____ (+/-) Date _____

To expedite referral processing, please attach the following (as applicable): liver function tests, blood chemistries, complete blood counts, latent infection screenings (Zoster, TB, JC virus, etc), other relevant medical history.

NKDA Known drug allergies _____

Concurrent meds _____

Patient's first name _____ Last name _____ Middle initial _____ Date of birth _____

Prescriber's first name _____ Last name _____ Phone _____

4 Prescribing Information

Medication	Strength/Formulation	Directions	Quantity/Refills
Bafiertam™ (monomethyl fumarate)	95mg capsules (#120 per bottle 30-day supply)	Titration: Take one 95mg capsule by mouth twice a day for 7 days followed by two 95mg capsules (190mg) by mouth twice a day thereafter. Maintenance dose: Take two 95mg capsules (190mg) by mouth twice a day. Other _____	Maintenance dose supply: 30-day supply 90-day supply Other _____ Refills _____
Tecfidera® (dimethyl fumarate)	Titration Starter Pack (14 capsules of 120mg and 46 capsules of 240mg) 240mg capsules (#60 per bottle 30-day supply) 120mg capsules (#14 per bottle 7-day supply)	Titration Starter Pack: Take 120mg capsule by mouth twice a day for 7 days followed by 240mg capsule by mouth twice a day. Maintenance dose: Take 240mg capsule by mouth twice a day. Other _____	Titration Starter Pack: 30 days Maintenance dose (240mg) supply: 30-day supply (1 kit/30 syr) 90-day supply (3 kits/90 syr) Other _____ Refills _____
Vumerity™ (diroximel fumarate)	231mg delayed-release capsules	Starting dose: take 231mg capsule twice a day for 7 days. Maintenance dose after 7 days: 462mg (administered as two 231mg capsules) twice a day, orally.	Supply: 30-day 90-day Other _____ Refills _____
Other _____			Supply: 30-day 90-day Other _____ Refills _____

Prescriber, please check here to authorize ancillary supplies such as needles, syringes, sterile water, etc. to administer therapy as needed

If shipped to physician's office, physician accepts on behalf of patient for administration in office.

Prescriber's signature required (sign below) (Physician attests this is his/her legal signature. NO STAMPS)

**SIGN
HERE**

Date

Dispense as written

Date

Substitution allowed

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