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PATIENT INFORMATION

PRESCRIBER INFORMATION

Patient Name: _____
 Address: _____
 City, State, Zip: _____
 Primary Phone: _____
 Alternate Phone: _____
 Email: _____

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact Person: _____
 DEA#: _____ NPI: _____

Métier Pharmacy can accept only original prescription drug orders from patients and faxed prescriptions from the prescribing practitioner.

INSURANCE INFORMATION If available, please include copy of prescription insurance cards with this form. (front and back)

DIAGNOSIS AND CLINICAL INFORMATION

Date of Diagnosis: _____ Is patient nursing or planning pregnancy? Yes No Allergies: _____
 G35 Multiple Sclerosis Yes No
 C81.18 Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of multiple sites No. of relapses past year: _____
 Other: _____ Date of last MRI: _____

Type: Relapse Remitting Primary Progressive Were any changes with latest MRI? Yes No
 Secondary Progressive Progressive relapsing

PRESCRIPTION INFORMATION

Refills

Avonex®	30mcg Prefilled Syringe #4 30mcg Pen #4	Inject 30mcg IM once weekly	Qty:
Betaseron®	0.3mg Prefilled Syringe	Dose Titration: <ul style="list-style-type: none"> Weeks 1-2: Inject 62.5mcg SQ QOD Weeks 3-4: Inject 125mcg SQ QOD Weeks 5-6: Inject 187.5mcg SQ QOD Weeks 7+: Inject 250mcg SQ QOD Maintenance Dose: 250mcg SQ QOD Other:	Qty:
Copaxone®	20mg Prefilled Syringe 40mg Prefilled Syringe	20mg SQ QD 40mg SQ three times weekly	Qty: Qty:
Extavia®	0.3mg Prefilled Kit	Maintenance Dose: 250mcg SQ QOD Dose Titration: <ul style="list-style-type: none"> Weeks 1-2: Inject 62.5mcg SQ QOD Weeks 3-4: Inject 125mcg SQ QOD Weeks 5-6: Inject 187.5mcg SQ QOD Weeks 7+: Inject 250mcg SQ QOD Other:	Qty:
Gilenva®	0.5mg capsule	Take 0.5mg po QD	Qty:
Glatopa®	20mg Prefilled Syringe	20mg SQ QD 40mg SQ three times weekly	Qty:
Rebif® Rebif Rebidose®	Titration Pack (8.8mcg/22mcg) 22mcg Prefilled Syringe 44 mcg Prefilled Syringe	Dose Titration: Weeks 1-2: Inject 8.8mcg SQ three times weekly Weeks 3-4: Inject 22mcg SQ three times weekly Weeks 5+: Inject 44mcg SQ three times weekly (48 hours apart) Maintenance: Inject 22mcg(0.5ml) SQ three times weekly (48 hours apart) Maintenance: Inject 44mcg(0.5ml) SQ three times weekly (48 hours apart)	Qty:
Tysabri®	300mg/15ml (20mg/ml) vial	Infuse 300mg over 1 hour every 4 weeks	
Other:			

To Prescriber: By signing this form and utilizing our services, you are also authorizing Métier Pharmacy to serve as your prior authorization agent in dealing with medical and prescription insurance companies, and copay assistance foundations.

Prescriber Signature: _____ Date: _____

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