MULTIPLE SCLEROSIS REFERRAL FORM

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Patient Information

Patient Name: ______________________ DOB: ______________ Sex: ☐ M ☐ F

Phone: ______________ Cell Phone: ______________ Email Address: ______________

Address: ______________________ City: ______________ State: ______ Zip: __________

ICD-10 Diagnosis Code: ______________ Diagnosis: ______________________

Allergies (please note reaction): ______________________ ☐ Latex

Current Medications: (list here or attach a medication list): ______________________

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Comorbidities: (list here or attach a list): ______________________

INSURANCE INFORMATION - FAX COPY OF PATIENT'S INSURANCE CARD - BOTH SIDES

Prescription Information

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Avonex (interferon beta-1a)	☐ 30mcg Pen ☐ 30mcg Prefilled Syringe ☐ 30mcg Single Dose Vial	Inject 30 mcg intramuscularly once a week.	28-day supply	
☐ Betaseron (interferon beta-1b)	0.3 mg Kit (contains 14 units)	☐ Loading Dose: Inject 0.0625 mg (0.25mL) subcutaneously every other day for weeks 1 and 2, then inject 0.125 (0.5mL) every other day for weeks 3 and 4, then inject 0.1875mg (0.75mL) every other day for weeks 5 and 6, then inject 0.25mg (1mL) every other day for week 7 and thereafter.	56-day supply	
		☐ Maintenance Dose: Inject 0.25mg (1mL) subcutaneously every other day.	28-day supply	
		☐ Other:		
☐ Copaxone (glatiramer acetate)	☐ 20mg/mL Prefilled Syringe (1 kit = 30 syringes)	Inject 20mg subcutaneously once daily.	1 kit	
	☐ 40mg/mL Prefilled Syringe (1 kit = 12 syringes)	Inject 40mg subcutaneously 3 times per week, at least 48 hours apart.	1 kit	
☐ Extavia (interferon beta-1b)	0.3mg Kit (contains 15 units)	☐ Loading Dose: Inject 0.0625 mg (0.25mL) subcutaneously every other day for weeks 1 and 2, then inject 0.125 (0.5mL) every other day for weeks 3 and 4, then inject 0.1875mg (0.75mL) every other day for weeks 5 and 6, then inject 0.25mg (1mL) every other day for week 7 and thereafter.	30-day supply	
		☐ Maintenance Dose: Inject 0.25mg (1mL) subcutaneously every other day.	30-day supply	
		☐ Other:		
☐ Gilenya (fingolimod)	0.5mg Capsule	Take 1 capsule by mouth once daily.	30-day supply	
☐ Glatopa (glatiramer acetate)	☐ 20mg/mL Prefilled Syringe (1 kit = 30 syringes)	Inject 20mg subcutaneously once daily.	1 kit	
☐ Novantrone (mitoxantrone)	☐ 20mg/10mL (10mL) Concentrate ☐ 25mg/12.5mL (12.5mL) Concentrate ☐ 30mg/15mL (15mL) Concentrate	☐ Dilute and administer 12mg/m² via intravenous infusion (over 5 to 15 minutes every 3 months. Body surface area_________m2 (or m squared)	84-day supply	
		☐ Other:		

Prescription information continued on next page

Prescription Information - Continued

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Rebif (interferon beta-1a)	☐ Titration Pack (six 8.8mcg and six 22mcg prefilled syringes)	☐ Loading Dose (44mcg target): Inject 8.8mcg subcutaneously three times weekly for weeks 1 and 2, then inject 22mcg three times weekly for weeks 3 and 4, then inject 44mcg three times weekly thereafter. Doses should be separated by at least 48 hours. ☐ Loading Dose (22mcg target): Inject 4.4mcg subcutaneously three times weekly for weeks 1 and 2, then inject 11mcg three times weekly for weeks 3 and 4, then inject 22mcg three times weekly thereafter. Doses should be separated by at least 48 hours.	1 kit	
	☐ 44mcg/0.5mL Prefilled Syringe ☐ 22mcg/0.5mL Prefilled Syringe	☐ Maintenance Dose: Inject 44mcg subcutaneously three times weekly. Doses should be separated by at least 48 hours. ☐ Maintenance Dose: Inject 22mcg subcutaneously three times weekly. Doses should be separated by at least 48 hours. ☐ Other:	28-day supply	
☐ Rebif Rebidose (interferon beta-1a)	☐ Titration Pack (six 8.8mcg and six 22mcg autoinjectors) *for 44mcg target dose only*	☐ Loading Dose (44mcg target): Inject 8.8mcg subcutaneously three times weekly for weeks 1 and 2, then inject 22mcg three times weekly for weeks 3 and 4, then inject 44mcg three times weekly thereafter. Doses should be separated by at least 48 hours.	1 kit	
	☐ 44mcg/0.5mL Autoinjector ☐ 22mcg/0.5mL Autoinjector	☐ Maintenance Dose: Inject 44mcg subcutaneously three times weekly. Doses should be separated by at least 48 hours. ☐ Maintenance Dose: Inject 22mcg subcutaneously three times weekly. Doses should be separated by at least 48 hours. ☐ Other:	28-day supply	
☐ Tysabri (natalizumab)	300mg/15mL Concentrate	Administer 300mg via intravenous infusion over 1 hour every 4 weeks.	28-day supply	
Other Medication Name:				

Treatment History: ☐ New to Therapy ☐ Continuation of Therapy

Is patient pregnant, nursing or planning pregnancy? ☐ Yes ☐ No ☐ N/A

Is patient using prescribed therapy in combination with other biologics for MS? ☐ Yes ☐ No

Novantrone: Is patient's LVEF less than 50%? ☐ Yes ☐ No

Patient's lifetime (cumulative) Novantrone dose: ___________mg/m²

Please attach the latest copy of CBC with differential.

Prescriber Information

Prescriber Name: ____________________

State License #: ____________________ DEA #: ____________________ NPI: ____________________

Additional Contact Person Name: ____________________

Group or Hospital: ____________________ Phone: ____________________

Fax: ____________________ Email Address: ____________________

Address: ____________________ City: ____________________ State: ______ Zip: ____________________

Prescriber Signature: ____________________ ____________________ ____________________

Product Substitution Permitted — Dispensed as Written — Date

The prescriber is to comply with 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.

Delivery Information

☐ Ship to Patient ☐ Ship to Prescriber/Clinic ☐ Pick up at Albertsons Companies Pharmacy

Date Medication Needed: ____________________

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