



Multiple Sclerosis Rx Referral Form

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 SPECIALTY CARE SOLUTIONS Phone: (201)552-9500 Fax:(888)332-4494 E-Scripts NCPDP#3199367 NPI#1881932093

Date Medication Needed: _____ Ship To: Patient's Home Prescriber's Office Or Pick-up from Pharmacy Injection needed by pharmacy? Yes No

1: Patient Information

Patient Name: _____ Birthdate: _____ Sex: Male Female Height: _____ Weight: _____ lbs. kg.
 Soc. Sec. #: _____ Preferred Phone: _____ Known Allergies: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Alternate Caregiver Name: _____ Preferred Phone: _____

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2: Diagnosis/Clinical Information | Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization

Primary ICD-9 Code: 340 Multiple Sclerosis Other: _____
 Primary - Progressive Secondary - Progressive Progressive - Relapsing Relapsing - Remitting Other: _____
Rationale for clinical necessity for prescribing this medication
 Prior Failed Therapies: _____ Duration of Treatment: _____

3: Prescriber Information

Prescriber Name: _____ DEA#: _____ NPI#: _____ Tax ID#: _____
 Address: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____
 City: _____ State: _____ Zip: _____ Key Contact: _____ Phone: (____) _____ - _____

4: Prescription Information (Injectables)

Medication	Dose/Strength	Sig	Qty.	Refills
<input type="checkbox"/> Avonex	<input type="checkbox"/> 30mcg Prefilled Syringe #4 <input type="checkbox"/> 30mcg Pen #4	<input type="checkbox"/> Inject 30mcg IM once weekly	4 week supply	
<input type="checkbox"/> Betaseron	<input type="checkbox"/> 0.3mg vial	<input type="checkbox"/> Dose Titration: • Weeks 1-2: Inject 0.0625mg/0.25ml subcutaneously QOD • Weeks 3-4: Inject 0.125mg/0.50ml subcutaneously QOD • Weeks 5-6: Inject 0.1875mg/0.75 subcutaneously QOD • Weeks 7+: Inject 0.25mg/1ml subcutaneously QOD <input type="checkbox"/> Maintenance Dose: 0.25mg /1ml subcutaneously QOD <input type="checkbox"/> Other:	4 week supply	
<input type="checkbox"/> Copaxone	<input type="checkbox"/> 20mg Prefilled Syringe	<input type="checkbox"/> 20mg SQ QD	4 week supply	
<input type="checkbox"/> Extavia	<input type="checkbox"/> 0.3mg vial	<input type="checkbox"/> Maintenance Dose: 0.25mg /1ml subcutaneously QOD <input type="checkbox"/> Dose Titration: • Weeks 1-2: Inject 0.0625mg/0.25ml subcutaneously QOD • Weeks 3-4: Inject 0.125mg/0.50ml subcutaneously QOD • Weeks 5-6: Inject 0.1875mg/0.75 subcutaneously QOD • Weeks 7+: Inject 0.25mg/1ml subcutaneously QOD <input type="checkbox"/> Other:	4 week supply	
<input type="checkbox"/> Rebif <input type="checkbox"/> Rebif Redidose	<input type="checkbox"/> Titration Pack (8.8mcg/22mcg) <input type="checkbox"/> 22mcg Prefilled Syringe <input type="checkbox"/> 44mcg Prefilled Syringe	<input type="checkbox"/> Inject 8.8mcg subcutaneously three times a week weeks 1-2, 22mcg subcutaneously three times a week weeks 3-4, and 44mcg subcutaneously three times a week weeks 5+ (48 hours apart) <input type="checkbox"/> Maintenance: Inject 22mcg (0.5ml) SQ three times a week (48 hours apart) <input type="checkbox"/> Maintenance: Inject 44mcg (0.5ml) SQ three times a week (48 hours apart) <input type="checkbox"/> Other:	4 week supply	

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Patient Signature: _____ Date: _____
 I authorize Park Ave. Pharmacy and its representatives to act as an agent to execute Prior authorization process.

Prescriber Signature: Prescriber, please sign and date below

Substitution Permissible _____ Date _____ Dispense as written _____ Date _____

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.