



Multiple Sclerosis Referral Form

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Patient Information New Rx Re II

Name: Date of Birth: Home Phone Number: Other Phone Number:

Address: City: State: Zip:

Patient SS#: Allergies: No Known Allergies

Drug Delivery Info

Date Shipment Needed: Ship to: Patient Clinic

Insurance Info [Fax a copy of the patient's insurance card (both sides.)]

Doctor/Prescriber Info [NPI # is mandatory.]

Name: Office Contact:

Address: City: State: Zip:

NPI #: Phone #: Fax #:

Statement of Medical Necessity ** Please FAX recent clinical notes, tests, with the prescription to expedite the Prior Authorization.

Diagnosis: 340 Multiples Sclerosis Other: Number of relapses in past year:

Last MRI date: Any MRI Changes? Yes No Prior failed medication:

Type: Relapsing-remitting Primary-progressive Secondary-progressive Progressive-relapsing

Medication	Dose/Strength	Sig	Qty	Re II's
<input type="checkbox"/> Aubagio®	<input type="checkbox"/> 7mg <input type="checkbox"/> 14mg	<input type="checkbox"/> Take 1 po QD		
<input type="checkbox"/> Avonex®	<input type="checkbox"/> 30mcg PFS #4 <input type="checkbox"/> 30mcg Pen #4 <input type="checkbox"/> 30mcg SDV #4	<input type="checkbox"/> Dose Titration: (Available using PFS) Week 1: Inject 7.5mcg IM; Week 2: Inject 15mcg IM; Week 3: Inject 22.5mcg IM; Week 4: Inject 30mcg IM <input type="checkbox"/> Maintenance Dose: Inject 30mcg IM once weekly		
<input type="checkbox"/> Betaseron®	<input type="checkbox"/> 0.3mg vial #14	<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/0.75ml subcutaneously QOD <input type="checkbox"/> Maintenance Dose: 0.25mg/1ml subcutaneously		
<input type="checkbox"/> Copaxone®	<input type="checkbox"/> 20mg PFS #30 <input type="checkbox"/> 40mg PFS #12	<input type="checkbox"/> Inject 20mg SQ QD <input type="checkbox"/> Inject 40mg TIW (48 hrs apart)		
<input type="checkbox"/> Extavia®	<input type="checkbox"/> 0.3mg vial #15	<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/0.75ml subcutaneously QOD Weeks 7+: Inject 0.25mg/1ml subcutaneously QOD <input type="checkbox"/> Maintenance Dose: 0.25mg/1ml subcutaneously QOD		
<input type="checkbox"/> Gilenya®	<input type="checkbox"/> 0.5mg capsule	<input type="checkbox"/> Take 0.5mg po QD		
<input type="checkbox"/> Rebif®	<input type="checkbox"/> Titration Pack <input type="checkbox"/> Rebidose Titration Pack <input type="checkbox"/> 22mcg PFS <input type="checkbox"/> 22mcg Rebidose Injection <input type="checkbox"/> 44mcg PFS <input type="checkbox"/> 44mcg Rebidose Injection	<input type="checkbox"/> Dose Titration: Target Dose 22mcg three times weekly Weeks 1-2: 4.4mcg three times weekly (48 hrs apart) Weeks 2-4: 11mcg three times weekly (48 hrs apart) <input type="checkbox"/> Dose Titration: Target Dose 44mcg three times weekly Weeks 1-2: Inject 8.8mcg subcutaneously three times a week Weeks 3-4: Inject 22mcg subcutaneously three times a week <input type="checkbox"/> Maintenance Dose: Inject 22mcg (0.5ml) SQ three times a week (48hrs apart) <input type="checkbox"/> Maintenance Dose: Inject 44mcg (0.5ml) SQ three times a week (48hrs apart)		
<input type="checkbox"/> Tec dera®	<input type="checkbox"/> Tec dera 30-day Starter Pack <input type="checkbox"/> 120mg <input type="checkbox"/> 240mg	<input type="checkbox"/> Dose Titration: 120 mg twice daily for 7 days; then increase to the maintenance dose: 240 mg twice daily <input type="checkbox"/> Maintenance Dose: 240mg twice daily. <input type="checkbox"/> Other:		

Doctor/Prescriber Signature

Federally approved, generic-equivalent medications will be dispensed for brand-name medications unless otherwise directed by the patient, physician, or health plan. IMPORTANT CONFIDENTIALITY NOTICE: This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. He authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the content of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.
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