MULTIPLE SCLEROSIS PRESCRIPTION FORM

Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy. Prescribers are reminded patients may choose any pharmacy of their choice.

Owl Specialty Pharmacy
1010 E. Arrow Hwy., Covina, CA 91724
Phone: 626-209-8169 Fax: 626-209-8171 or 855-817-9523
www.owlspecialty.com

Patient Information: please provide a copy of the patient's insurance card or information					
Patient Name:	**DOB:**	**Gender:** ☐ F ☐ M		**HT:**	**WT:**
Address:	**City:**	**State:**	**Zip Code:**		**Phone:**
Insurance:	**Subscriber's name:**	**ID#:**			**Group #:**
Allergies: ☐ NKDA ☐ List allergies:					

Referral Expectations		
Injection training: □ Please complete by pharmacy staff □ Completed by physician office staff □ Completed by home nurse/manuf program	**Manufacturer care kit:** □ Provide to patient □ Provided by MD office □ Please do not provide	**Manufacturer program enrollment** □ Complete at pharmacy □ Completed by physician office staff □ Please do not enroll

Clinical Diagnosis: please fax or email relevant clinical notes, labs, tests and previous medical history to expedite prior authorization			
Diagnosis / ICD-10:		**Prior treatment - include name and date of prior treatment:**	
Current treatment:		**Name and date of initiation:**	
Number of relapses in past year:	**Last MRI date:**	☐ Pregnant or planning pregnancy	**Serum Creatinine:**

Medication	**Dose / Strength**	**Directions**	**Quantity**	**Refills**
☐ Avonex	☐ 30 mcg prefilled syringe #4 ☐ 30 mcg pen #4	☐ Inject IM once weekly	☐ 28 days supply	
☐ Betaseron	☐ 0.3 mg vial	☐ Dose titration: weeks 1-2 inject 0.0625 mg/0.25 mL SC QOD; weeks 3-4 inject 0.125 mg/0.5 mL SC QOD; weeks 5-6 inject 0.187 mg/0.75 mL SC QOD; weeks 7+ inject 0.25 mg/1 mL SC QOD ☐ Maintenance dose: 0.25 mg/1 mL SC QOD	☐ 28 days supply	
☐ Copaxone	☐ 20 mg/mL prefilled syringe ☐ 40 mg/mL prefilled syringe	☐ 20 mg/mL SC once daily ☐ 40 mg/mL SC three times per week, at least 48 hours apart	☐ 28 days supply	
☐ Extavia	☐ 0.3 mg vial	☐ Dose titration: weeks 1-2 inject 0.0625 mg/0.25 mL SC QOD; weeks 3-4 inject 0.125 mg/0.5 mL SC QOD; weeks 5-6 inject 0.187 mg/0.75 mL SC QOD; weeks 7+ inject 0.25 mg/1 mL SC QOD ☐ Maintenance dose: 0.25 mg/1 mL SC QOD	☐ 28 days supply	
☐ Gilenya	☐ 0.5 mg capsule	☐ Take 0.5 mg capsule PO once daily	☐ 28 days supply	
☐ Rebif ☐ Rebif Redidose	☐ Titration Pack (8.8 mcg/ 22 mcg) ☐ 22 mcg prefilled syringes ☐ 44 mcg prefilled syringes	☐ Dose titration: weeks 1-2: 4.4 mcg SC three times a week; weeks 3-4: 11 mcg SQ three times a week; weeks 5+: 22 mcg SC three times a week ☐ Dose titration: weeks 1-2: 8.8 mcg SC three times a week; weeks 3-4: 22 mcg SQ three times a week; weeks 5+: 44 mcg SC three times a week Maintenance: ☐ Inject 22 mcg/0.5 mL OR ☐ Inject 44 mcg/0.5 mL SQ three times a week, at least 48 hours apart	☐ 28 days supply	
☐ Other				

Prescriber Information				
Prescriber name:		**Phone:**	**Office contact name:**	
Prescriber address:	**City:**		**State:**	**Zip:**
NPI:	**DEA:**	**Fax and/or Email:**		
Prescriber signature:		**Date:**	□ **DO NOT SUBSTITUTE**	