



Multiple Sclerosis Referral form (A-O)

Administer At: Patient's Home Prescriber's Office Other: _____ Hold shipment until notified by prescriber Anticipated Start Date: _____

1. Patient Information

Last Name: _____
 First Name: _____
 Date of Birth: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

2. Prescriber Information

Prescriber Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 NPI# _____ Office Contact: _____

3. Diagnosis and Clinical Information (Please fax recent clinical notes, labs and tests, with the prescription to expedite the prior authorization)

Allergies: _____ Height: _____ Weight: _____
 Tried/Failed Meds and Therapies: _____
 Diagnosis (ICD 10 Code): _____

4. Prescription Information (A-O) Ocrevus, Plegridy, Rebif, Solu-Medrol, Tecidera, Vumerity, Zeposia are available on Multiple Sclerosis Referral Form (O-Z)

Medication	Dose	Directions	Dispense	Refill
Ampyra	10mg Tablets	Take 10mg PO twice daily	60 tabs	
Avonex	30mcg PFS 30mcg PFS Auto Inject	Inject 30mcg IM every 7 days	1 box	
Betaseron	0.3mg SDV	Dose Titration: wk 1-2: Inj 0.0625 mg SQ QOD wk 5-6: Inj 0.1875mg SQ QOD wk 3-4: Inj 0.125 mg SQ QOD wk 7+: Inj 0.25mg SQ QOD	1 box	
Extavia		Maintenance Dose: Inj 1ml (0.25mg) SQ QOD	1 box	
Copaxone	20mg PFS 40mg PFS	Inject 20mg/ml SQ daily Inject 40mg/ml SQ TIW (48hr apart)	1 box	
Glatopa				
Gilenya	0.5mg capsules	Take 0.5mg PO QD	30 caps	
Kesimpta	20mg/0.4ml PFP	Initial: Inj 20mg SQ weeks 0, 1 and 2	2 boxes	
		Maintenance: Inj 20mg SQ q month at week 4	1 box	
Mayzent	0.25mg Tab 0.2mg tab	Dose titration 1mg: D1-2: 0.25mg PO QD, D3: 0.50mg PO QD D4: 0.75mg PO QD D5+: 1mg PO QD	Dose titration to 2mg (starter pack)	
		Maintenance: 1mg PO QD	Maintenance 2mg PO QD	
Other				

Order will include as needed: Anaphylaxis kit, Diluents, Flushes, Supplies. Skilled Home Health nursing services if administered at home

Prescriber Authorization (No stamps. Signature and date must be completed in prescriber's handwriting)

I authorize MedRX Infusion Clinical Pharmacy to act as my representative and on behalf of myself and my patient to initiate any authorization processes from applicable health plans, if needed, including the submission of any necessary forms to such health plans.

Prescriber Signature

PRESCRIBER SIGNATURE REQUIRED. NO STAMPS.

Date _____



Multiple Sclerosis Referral form (O-Z)

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Allergies: _____ Height: _____ Weight: _____
 Tried/Failed Meds and Therapies: _____
 Diagnosis (ICD 10 Code): _____

4. Prescription Information (O-Z) Ampyra, Avonex, Betaseron, Extavia, Copaxone, Glatopa, Gilenya, Kesimpta, Mayzent are available on Multiple Sclerosis Referral Form (A-O)

Medication	Dose	Directions	Dispense	Refill
Ocrevus	300mg/1ml SDV	Initial: Infuse 300mg IV, week 2: 300mg IV	2 vials	
		Maintenance dose: Infuse 600mg IV q 6 months		
Plegridy	Starter PFS Pen	Inject 63mcg SQ day 1, follow by 94mcg day2, then 125mg day 29	1 box	
	PFS Pen	Inject 125mcg SQ Q 14 Days	1 pack	
Rebif	PFS	22mcg PFS only: wk 1-2 Inject 4.4mcg SQ TIW, wk 3-4: inj 11 mcg SQ TIW 44mcg wk: 1-2 Inject 8.8 mcg SQ TIW, wk3-4: Inj 22 mcg SQ TIW	1 pack	
	22mcg 44mcg		PFS Auto Inject	
Solu-Medrol	_____mg	_____mg daily for ____ days		
Tecidera	30day Starter pack	Take 120mg PO BID x 7 days and 240mg BID for 23days	1 pack	
	120mg Capsules	Take 120mg PO BID	56 caps	
	240mg Capsules	Take 240mg PO BID	60 caps	
Vumerity	231mg DR capsules	Initial dose Take 231mg PO BID for 7 days then 462mg PO BID after	106 caps	
		Maintenance dose 462mg PO BID	120 caps	
Zeposia	0.92mg capsules	Instal: 0.23mg once daily on days 1 through 4; then 0.46mg once daily on days 5 through 7; Maintenance dose: 0.92mg once daily starting on day 8 Maintenance: 0.92mg once daily	30 caps	
Other				

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