

Add Logo

# NEUROLOGY & MULTIPLE SCLEROSIS REFERRAL FORM

EHR: select (Add company name)

Fax: (000) 000-0000  
Phone: (000) 000-0000

## PATIENT INFORMATION

Patient Name:		SSN:	DOB:	
Address:		City:	State:	Zip:
Home Phone:	Cell:	Email:		Gender: Male Female

Primary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:
Secondary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:

## PRESCRIPTION INFORMATION (for IV medication attach a copy of the prescription)

### PRIOR TREATMENT HISTORY

AVONEX®  BETASERON®  COPAXONE®  GILENYA®  Rebif®  Other \_\_\_\_\_

### MS MEDICATIONS

**AVONEX®** (interferon beta-1a)\*  Enroll in Above MS™

30 mcg ( Prefilled Syringe  Pen) Inject IM once weekly

Qty: 4 Refills: \_\_\_\_\_

**BETASERON®** (interferon beta-1b)\*  Enroll in BETAPLUS®

Starting Titration: 62.5 mcg SubQ every other day for weeks 1 and 2, 125 mcg SubQ every other day for weeks 3 and 4, 187.5 mcg SubQ every other day for weeks 5 and 6, 250 mcg SubQ every other week for weeks 7 and 8

Qty: 30 days Refills: 1

Maintenance Dosing: 250 mcg (1 ml) SubQ every other day

BetaConnect Refills: \_\_\_\_\_

**COPAXONE®** (glatiramer acetate)  Enroll in Shared Solutions®  Enroll in Mylan ADVOCATE®

20 mg SubQ every day  40 mg SubQ three times per week Refills: \_\_\_\_\_

Qty: 28 days

### Dalfampradine

10 mg by mouth every 12 hours

Qty: 60 Refills: \_\_\_\_\_

### TECFIDERA®

120 mg (14 per bottle 7 day supply)  240 mg (60 per bottle 30 day supply)

Starting Dose: 120 mg twice a day, PO, day 1 through 7

Maintenance Dosing: Starting day 8, 240 mg PO twice daily Qty: \_\_\_\_\_ Refills: \_\_\_\_\_

### KESIMPTA®

Sensoready® Pen

Starting Dose: 20 mg SubQ administered at week 0, 1, and 2

Maintenance Dosing: 20 mg administered monthly starting at week 4 Qty: \_\_\_\_\_ Refills: \_\_\_\_\_

### EXTAVIA®

Extavia Go Program®

Starting Titration: 62.5 mcg SubQ every other day for weeks 1 and 2, 125 mcg SubQ every other day for weeks 3 and 4, 187.5 mcg SubQ every other day for weeks 5 and 6, 250 mcg SubQ every other week for weeks 7 and 8

Qty: 30 days Refills: 1

Maintenance Dosing: 250 mcg (1 ml) SubQ every other day

Qty: 15 Refills: \_\_\_\_\_

### GILENYA®

0.5 mg PO once a day

Qty: 30 Refills: \_\_\_\_\_

### FINGOLIMOD®

(gilenya)  0.5 mg PO once a day  0.25 mg PO once a day

Qty: 30 Refills: \_\_\_\_\_

### MAYZENT®

(siponimod)  Please complete [Mayzent Prescription Start Form](#) and attach to this referral form.

### OCREVUST™

(ocrelizumab)

Starting Dose: 300 mg intravenous infusion, followed two weeks later by a second 300 mg intravenous infusion

Maintenance: 600 mg intravenous infusion every 6 months Qty: \_\_\_\_\_ Refills: \_\_\_\_\_

### OTHER

### STRENGTH:

### SIG/DIRECTIONS:

### REFILLS:

### QUANTITY:

As required by your state, Prescriber to check "Dispense as written" or handwritten "Brand Medically Necessary" and sign to prevent generic substitution.		<input type="checkbox"/> Dispense as written
Prescriber Name:	Phone:	Fax:
Office Contact:	Email:	
Address:	Ship To: <input type="checkbox"/> Patient <input type="checkbox"/> MD Office	
NPI #:	Tax ID #	
Prescriber Signature:	Date:	

### OZOBAX™

(baclofen) 5 mg/ml Oral Solution

Goal Dose: \_\_\_\_\_ mg/day (should be divided into 3-4 doses)

Directions: Increase dose slowly every 3 days by 5 mg PO 3 times/day up to goal dose

### PLEGRIDY®

(peginterferon beta-1a)

Induction:  Prefilled Syringe  Pen

63 mcg SubQ on day 1, 94 mcg SubQ on day 15

Qty: 1 pack Refills: None

Maintenance: 125 mcg/0.5 ml  Prefilled Syringe  Pen

125 mcg SubQ every 14 days, starting day 29 of therapy

Qty: 2 Refills: \_\_\_\_\_

### PONVORY®

(ponesimod) tablets

Starting Titration: 2 mg PO day 1 and 2, 3 mg PO day 3 and 4, 4 mg PO day 5 and 6, 5 mg PO day 7, 6 mg PO day 8, 7 mg PO day 9, 8 mg PO day 10, 9 mg PO day 11, 10 mg PO day 12, 13, and 14.

Qty: 1 pack Refills: None

Maintenance: 20 mg PO once daily

Qty: 30 Refills: \_\_\_\_\_

### Titration Pack:

Goal Dose 22 mcg: (Full dose therapy beginning week 5) 4.4 mcg/0.1 ml SubQ three times weekly week 1-2, 11 mcg/0.25 mL SubQ three times weekly weeks 3-4

Goal Dose 44 mcg: (Full dose therapy beginning week 5) 8.8 mcg/0.1 ml SubQ three times weekly week 1-2, 22 mcg/0.25 ml three times weekly weeks 3-4

Qty: 1 pack Refills: None

### Maintenance Dosing:

44 mcg  22 mcg SubQ three times per week

Qty: \_\_\_\_\_ Refills: \_\_\_\_\_

\*Rebifect (Will come from MS Lifelines®)

### Teriflunomide

(generic for **Aubagio®**)

7 mg PO once daily, with or without food.

Qty: 30 Refills: \_\_\_\_\_

### VUMERITY™

(diroximel fumarate)

Starting Dose: Take 1 capsule (231 mg) orally twice daily for 7 days, then increase to 2 capsules (462 mg) twice daily.

Qty: 106 Refills: None

Maintenance Dosing: Take 2 capsules (462 mg) PO twice a day

Qty: 120 Refills: \_\_\_\_\_

Alternate Maintenance Dosing: Take \_\_\_\_\_ capsules (\_\_\_\_\_ mg) PO twice a day

Qty: 120 Refills: \_\_\_\_\_

### ZEPOSIA®

(ozanimod)

7-day titration: Days 1 to 4: Give 0.23 mg PO once daily; days 5 to 7: Give 0.46 mg by mouth once daily

Qty: 1 Refills: None

Maintenance Dosing: Starting day 8, 0.92 mg by mouth once daily

Qty: 30 Refills: \_\_\_\_\_ \*AVAILABLE IN GENERIC