NEUROLOGY A-O
Prescription Referral Form

blue sky SPECIALTY PHARMACY

Phone: 843-352-7662 | Fax: 833-898-3992 | Backup Fax 843-352-7629 | 1501 Belle Isle Ave #150 Mt Pleasant SC 29464

PATIENT INFORMATION - PLEASE FORWARD FRONT AND BACK OF INSURANCE CARDS

First Name: _____ Last Name: _____ Date of Birth: _____ ☐M ☐F

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ SSN: _____ Patient Preferred Language: ☐English ☐Spanish ☐ _____

PRESCRIBER INFORMATION

Name: _____ DEA: _____ NPI: _____

Address: _____

Phone Number: _____ Fax Number: _____ Contact Person: _____

Office's Preferred Method of Contact: ☐Phone ☐Fax ☐Portal ☐Email: _____ ☐Other: _____

PATIENT CLINICAL INFORMATION / HISTORY -PLEASE FORWARD ALL CHART NOTES AND LABWORK

Diagnosis: Multiple Sclerosis ICD 10: ☐G35 ☐ Other: _____ Weight: _____ Height: _____ Tb Test Results: _____

☐Relapsing Remitting ☐Primary Progressive ☐Secondary Progressive ☐Progressive Relapsing

Drug Allergies: _____ Previous / Failed Medications: _____

PRESCRIBING INFORMATION

☐ NEW ☐ RESTART ☐ CONTINUING | SHIPPING PREFERENCE: ☐ Deliver Medication to Patient ☐ Deliver Medication to MDO

MEDICATION	DOSAGE	SIG	QTY	RFLS
☐ AVONEX	☐ 30mcg/0.5mL PFS ☐ 30mcg/0.5mL Pen	☐ Inject 30mcg IM once weekly		
☐ BETASERON	☐ 0.3mg Vial	☐ Induction Dosing Weeks 1 -2: Inject 0.0625mg (0.25mL) SC every other day Weeks 3-4: Inject 0.125mg (0.5mL) SC every other day Weeks 5-6: Inject 0.1875mg (0.75mL) SC every other day Weeks 7+: Inject 0.25mg (1mL) SC every other day		
		☐ Maintenance Dose: Inject 0.25mg (1mL) SC every other day		
☐ COPAXONE	☐ 20mg/mL PFS ☐ 40mg/mL PFS	☐ Inject 20mg SC once daily ☐ Inject 40mg SC three times weekly (48 hours apart)		
☐ DALFAMPRIDINE	☐ 10mg Tablet	☐ Take 10mg by mouth twice daily		
☐ EXTAVIA	☐ 0.3mg Vial	☐ Induction Dosing Weeks 1 -2: Inject 0.0625mg (0.25mL) SC every other day Weeks 3-4: Inject 0.125mg (0.5mL) SC every other day Weeks 5-6: Inject 0.1875mg (0.75mL) SC every other day Weeks 7+: Inject 0.25mg (1mL) SC every other day		
		☐ Maintenance Dose: Inject 0.25mg (1mL) SC every other day		
☐ GILENYA	☐ 0.5mg Capsule	☐ Take 0.5mg by mouth once daily		
☐ GLATIRAMIER	☐ 20mg/mL PFS ☐ 40mg/mL PFS	☐ Inject 20mg SC once daily ☐ Inject 40mg SC three times weekly (48 hours apart)		
☐ GLATOPA	☐ 20mg/mL PFS ☐ 40mg/mL PFS	☐ Inject 20mg SC once daily ☐ Inject 40mg SC three times weekly (48 hours apart)		
☐ KESIMPTA	☐ 20mg/0.4mL Sensoready Pen	☐ Induction Dose: Inject 20mg SC once daily		
		☐ Maintenance Dose: Inject 20mg SC once monthly (starting on week 4)		
☐ MAYZENT	☐ 0.25mg Tablet ☐ 1mg Tablet ☐ 2mg Tablet	*CYP2C9 GENOTYPE *1/*1, *1/*2, or *2/*2* ☐ Induction Dose: Take 0.25mg by mouth once daily on days 1 and 2, then take 0.5mg by mouth once daily on day 3, then take 0.75mg by mouth once daily on day 4, then take 1.25mg by mouth once daily on day 5	12	0
		☐ Maintenance Dose: Take 2mg by mouth once daily beginning on day 6		
		*CYP2C9 GENOTYPE *1/*3 or *2/*3* ☐ Induction Dose: Take 0.25mg by mouth once daily on days 1 and 2, then take 0.5mg by mouth once daily on day 3, then take 0.75mg by mouth once daily on day 4	7	0
		☐ Maintenance Dose: Take 1mg by mouth once daily beginning on day 5		
☐ OCREVUS	☐ 300mg/10mL Vial	☐ Induction Dose: Infuse 300mg via IV on week 0 and week 2	2	0
		☐ Maintenance Dose: Infuse 600mg via IV every 6 months		

PRESCRIPTION SIGNATURE

Dispense as Written: _____ Substitution Permitted: _____ Date: _____

I authorize Blue Sky Specialty Pharmacy and it's representatives to act as my agent in order to initiate and execute the insurance prior authorization process / appeals if necessary, in doing so, to release clinical information via phone / fax to appropriate third party payer

Important Notice: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If you have received this communication and you are not the intended recipient, you should not disseminate, distribute, or copy this fax. Please notify sender immediately if you have received in error and then destroy this document immediately.