

# Neurology/Multiple Sclerosis – P-Z

## Prescription Referral Form



Phone: 843-352-7662 | Fax 833-898-3992 | Backup Fax 843-352-7632 | 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

Prescriber 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 CHART NOTES AND RELEVANT LABS

Diagnosis: Multiple Sclerosis ICD 10:  G35  Other: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Relapsing Remitting  Primary Progressive  Secondary Progressive  Progressive Relapsing  
 Previous Medications: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

### PRESCRIBING INFORMATION

NEW  RESTART  CONTINUING | SHIPPING PREFERENCE:  Deliver medication to patient  Deliver medication to MD

MEDICATION	DOSAGE	SIG	QTY	RFLS
<input type="checkbox"/> PLEGRIDY	<input type="checkbox"/> Starter Pack (Pen) 63 mcg/0.5mL / 94mcg/0.5mL	<input type="checkbox"/> <u>Induction Dose</u> : Inject 63mcg <b>SC</b> on Day 1, then inject 94mcg <b>SC</b> on Day 15, then inject 125mcg <b>SC</b> on Day 29		
	<input type="checkbox"/> Starter Pack (PFS) 63mcg/0.5mL / 94mcg/0.5mL	<input type="checkbox"/> <u>Induction Dose</u> : Inject 63mcg <b>IM</b> on Day 1, then inject 94mcg <b>IM</b> on Day 15, then inject 125mcg <b>IM</b> on Day 29		
	<input type="checkbox"/> 125mcg/0.5mL PFS	<input type="checkbox"/> <u>Maintenance Dose</u> : Inject 125mcg <b>SC</b> every 14 days		
	<input type="checkbox"/> 125mcg/0.5mL Pen	<input type="checkbox"/> <u>Maintenance Dose</u> : Inject 125mcg <b>IM</b> every 14 days		
<input type="checkbox"/> REBIF	<input type="checkbox"/> Titration Pack (PFS)	<input type="checkbox"/> <u>Induction Dosing</u> : GOAL DOSE 22mcg Weeks 1-2: Inject 4.4mcg SC three times weekly Weeks 3-4: Inject 11mcg SC three times weekly Weeks 5+: Inject 22mcg SC three times weekly		
	<input type="checkbox"/> Titration Pack (Rebidose)			
	<input type="checkbox"/> 22mcg/0.5mL PFS	<input type="checkbox"/> <u>Maintenance Dose</u> : Inject 22mcg SC three times weekly		
	<input type="checkbox"/> 44mcg/0.5mL PFS	<input type="checkbox"/> <u>Induction Dosing</u> : GOAL DOSE 44mcg Weeks 1-2: Inject 8.8mcg SC three times weekly Weeks 3-4: Inject 22mcg SC three times weekly Weeks 5+: Inject 44mcg SC three times weekly		
	<input type="checkbox"/> 44mcg/0.5mL (Rebidose)	<input type="checkbox"/> <u>Maintenance Dose</u> : Inject 44mcg SC three times weekly		
<input type="checkbox"/> DIMETHYL FUMARATE	<input type="checkbox"/> Starter Pack	<input type="checkbox"/> <u>Induction Dose</u> : Take 120mg by mouth twice daily for 7 days		
	<input type="checkbox"/> 120mg Capsules	<input type="checkbox"/> <u>Maintenance Dose</u> : Take 240mg by mouth twice daily		
	<input type="checkbox"/> 240mg Capsules			
<input type="checkbox"/> TYSABRI	<input type="checkbox"/> 300mg/mL Vial	<input type="checkbox"/> Infuse 300mg via IV over one hour every 4 weeks		
<input type="checkbox"/> ZEPOSIA	<input type="checkbox"/> Titration Starter Kit	<input type="checkbox"/> <u>Titration</u> : Take 0.23mg by mouth days 1-4, then 0.46mg days 5-7, then 0.92mg thereafter	7	
	<input type="checkbox"/> 0.92mg Capsule	<input type="checkbox"/> <u>Maintenance Dose</u> : Take 0.92mg by mouth once daily		

### 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 payor.