Carepoint™
A Pharmacy That Truly Cares

Multiple Sclerosis Therapy Referral Form

P: (855) 237-9112 | F: (855) 237-9113 | www.carepointrx.com

Thank You For Trusting Us With Your Patients Care.

Date Shipment Needed:_____ **Ship To:** ☐ Patient ☐ Physician ☐ Nursing Needed ☐ Training Needed

PATIENT INFORMATION

Patient Name:_____ Date:_____ SS#:_____
OPTIONAL INFORMATION TO HELP FIND COVERAGE

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

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____ DOB:_____

Sex: M☐ F☐ Height:_____ Weight:_____ May Pharmacy Contact Patient Directly: Y☐ N☐

Dr. Office Shipping Address:_____

Insurance Cardholder Name: _____

Rx Insurance:_____ ID #:_____ Group #:_____ RXBIN:_____

Medical Insurance:_____ ID #:_____ Group #:_____ Phone:_____

MEDICAL ASSESSMENT

Diagnosis:
- ☐ 340 Multiple Sclerosis
- ☐ Other _____

Severity
- ☐ Relapsing / Remitting
- ☐ Progressive

Prior Failed Medications:

☐ _____	Duration: _____	_____
☐ _____	Duration: _____	_____
☐ _____	Duration: _____	_____
☐ _____	Duration: _____	_____

Allergies:

MEDICATION

☐ **Avonex** pre-filled syringes — Quantity: 28 days Refills:_____
- ☐ 30 mcg IM Weekly

☐ **Betaseron** ☐ **Betaject Lite** — Quantity: 28 days Refills:_____
- ☐ Dose Titration: ☐ Week 1 & 2: 0.0625mg (0.25ml) SQ every other day ☐ Week 3 & 4: 0.125mg (0.5ml) SQ every other day ☐ Week 5 & 6: 0.1875mg (0.75ml) SQ every other day ☐ Week 7+: 0.25mg (1ml) SQ every other day
- ☐ Maintenance Dose: 0.25mg (1ml) SQ every other day

☐ **Copaxone** ☐ **Copaxone Autoject!** — Quantity: 30 days Refills:_____
- ☐ 20mg SQ Everyday

☐ **Rebif 22mcg/0.5ml** ☐ **Rebiject Auto Injection** — Quantity: 28 days Refills:_____
- ☐ Dose Titration: Week 1 & 2: 4.4 mcg (0.1 ml) SQ TIW (48 hours apart); Week 3 & 4: 11 mcg (0.25 ml) SQ TIW (48 hours apart)
- ☐ Maintenance Dose: Week 5+: 22 mcg (0.5 ml) SQ TIW (48 hours apart)

☐ **Rebif 44mcg/0.5ml** ☐ **Rebiject Auto Injection** — Quantity: 28 days Refills:_____
- ☐ Dose Titration: Week 1 & 2: 8.8 mcg (0.2 ml) SQ TIW (48 hours apart); Week 3 & 4: 22 mcg (0.5 ml) SQ TIW (48 hours apart)
- ☐ Maintenance Dose: **(Rebif 44 mcg/0.5 ml):** Week 5+: 44 mcg (0.5 ml) SQ TIW (48 hours apart)

☐ **Gilenya 0.5mg** Capsule ☐ 1 Capsule Orally Once Daily — Quantity: 28 days Refills:_____

☐ **Epipen** 0.3mg IM or SC x 1, may repeat ☐ **Epipen Jr** for Peds *less than* 30kg, 0.15 mg IM or SC x 1, may repeat (for allergic/anaphylactic reactions) Quantity: 2 Refills:_____

☒ **Dispense sufficient quantity of all necessary supplies (Syringes/Needles/Alchol Wipes) to administer medication**

PRESCRIBING PHYSICIAN

Please Include a Copy of the Patients Rx insurance card and face sheet

Physician Name:_____ Phone: _____ Fax:_____

Clinic: _____ Office Contact:_____ NPI #:_____ DEA #:_____

Address:_____

_____
Physician Signature Date

Pharmacy can only accept original prescription drug orders from patients. Faxed referrals/prescriptions are accepted from physicians office only

By Signing this form and utilizing our services, you are authorizing Carepoint and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.