BioAccess Pharmacy

Rx Order Form – MS

Fax Form to (626) 999-3236

Patient Information	Prescriber Information
Patient Name: _____	Prescriber Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Phone: _____ Fax: _____
Cell Phone: _____	DEA: _____ NPI : _____
DOB: _____ Gender: ☐ M ☐ F	Contact Person: _____

Insurance Information (Please fax a copy of the front and back of all cards)

Primary Insurance:	ID#:	Group:		
Secondary Insurance:	ID#:	Group:		
Prescription Card:	ID#:	BIN#:	PCN#:	Group:

Clinical Diagnosis

(please fax or email relevant clinical notes, labs, tests and previous medical history to expedite prior authorization)

ICD10:	Prior Treatment(s) & Date(s):		
Current Treatment and Start Date:			Date:
# Relapses in past year:	Last MRI Date:	☐ Pregnancy excluded.	Serum Creatinine:

Medication	Dose/Strength	Directions	Qty	Refills
☐ Amprya	10mg ER tab	Take one 10mg tab twice daily approximately 12hr apart.	☐ 30 days ☐	
☐ Aubagio	☐ 7mg tab ☐ 14mg tab	Take one tab PO once daily.	☐ 30 days ☐	
☐ Avonex	☐ 30 mcg syringe ☐ 30 mcg pen	Inject 30mcg IM once weekly.	☐ 28 days ☐	
☐ Bafiertam	95mg cap	☐ Dose titration: Take one cap PO bid x7 days, then ☐ Maintenance dose: Take two caps bid.	☐ 30 days ☐	
☐ Betaseron	0.3 mg vial	☐ Dose titration: wks 1-2 inject 0.0625 mg/0.25 mL SC QOD; wks 3-4 inject 0.125 mg/0.5 mL SC QOD; wks 5-6 inject 0.187 mg/0.75 mL SC QOD; wks 7+ inject 0.25 mg/1 mL SC QOD. ☐ Maintenance dose: 0.25 mg/1 mL SC QOD.	☐ 28 days ☐	
☐ Controphin Gel	☐ 40 units/0.5ml syringe ☐ 80 units/1.0ml syringe ☐ 80 units/1.0ml vial	☐ SC Units: _____. ☐ IM Units: _____. ☐ QD x 2-weeks ☐ QD x 3-weeks ☐ QD x _____.	☐ 28 days ☐	
☐ Copaxone	☐ 20 mg/mL syringe ☐ 40 mg/mL syringe	☐ 20 mg/mL SC once daily. ☐ 40 mg/mL SC three times per wk, at least 48 hours apart	☐ 30 days ☐ 28 days	
☐ Extavia	0.3 mg vial	☐ Dose titration: wks 1-2 inject 0.0625 mg/0.25 mL SC QOD; wks 3-4 inject 0.125 mg/0.5 mL SC QOD; wks 5-6 inject 0.187 mg/0.75 mL SC QOD; wks 7+ inject 0.25 mg/1 mL SC QOD. ☐ Maintenance dose: 0.25 mg/1 mL SC QOD.	☐ 28 days ☐	
☐ Gilenya	0.5 mg capsule	☐ Take 0.5 mg capsule PO once daily.	☐ 28 days ☐	
☐ Kesimpta	☐ 20mg/0.4mL Pen ☐ 20 mg/0.4mL syringe	☐ Dose titration: weeks 0,1,2 inject 20mg SC. ☐ Maintenance dose: inject 20mg SC every 4 weeks.	☐ 28 days ☐	
☐ Mavenclad	☐ 10mg tab	**Patient weight:**_____ **lbs.** ☐ 1st weight-based dose cycle PO divided QD x5 consecutive days, then 23-27 days later take 2nd weight-based dose cycle PO divided QD x4-5 consecutive days: Max 20mg/day.	☐ 28 days ☐	

By signing below, I certify that the above therapy is medically necessary and Substitution with generic or biosimilar is authorized unless noted otherwise.

_____ _____ | _____

Provider Signature Date Notes

MEDICATION LIST CONTINUED ON BACK

120 N Fairway Ln Ste A, West Covina, CA 91791 | Ph: 626-999-3636 | Fax: 626-999-3236

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Secondary Insurance:	ID#:		Group:	
Prescription Card:	ID#:	BIN#:	PCN#:	Group:

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ICD10:	Prior Treatment(s) & Date(s):		
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# Relapses in past year:	Last MRI Date:	☐ Pregnancy excluded.	Serum Creatinine:

Medication	Dose/Strength	Directions	Qty	Refills
☐ Mayzent	☐ 0.25mg tab titration ☐ 1mg tab maintenance ☐ 2mg tab maintenance	**CYP2C9 Genotype:** ☐ ***1/*1, *1/*2, *2/*2**, or ☐ ***1/*3, *2/*3** ☐ Genotype dose titration, then maintenance dose PO QD. ☐ Genotype dose maintenance: PO QD.	☐ 28 days ☐	
☐ Plegridy	☐ SC Pen ☐ IM Syringe ☐ Starter Pk 63mcg/94mcg ☐ Maintenance 125mcg	☐ Dose titration: Inject 63mcg x1 day 1, then 94mcg x1 on day 15, then 125mcg x1 on day 29. ☐ Maintenance dose: Inject 125mcg x1 q14 days.	☐ 28 days ☐	
☐ Ponvory	☐ 14-day Starter Pack ☐ 20mg Tab	☐ Dose titration, then 20mg PO daily. ☐ Maintenance dose: Take one 20mg PO daily.	☐ 30 days ☐	
☐ Rebif	☐ Titration Pk 8.8 mcg/ 22 mcg ☐ 22 mcg prefilled syringes ☐ 44 mcg prefilled syringes	☐ Dose titration: wks 1-2: 4.4 mcg SC three times a wk; wks 3-4: 11 mcg SQ three times a wk; wks 5+: 22 mcg SC three times a wk. ☐ Dose titration: wks 1-2: 8.8 mcg SC three times a wk; wks 3-4: 22 mcg SQ three times a wk; wks 5+: 44 mcg SC three times a wk. ☐ Maintenance: ☐ Inject 22 mcg/0.5 mL OR ☐ Inject 44 mcg/0.5 mL SQ three times a wk, at least 48 hours apart.	☐ 28 days ☐	
☐ Tecfidera	☐ DR Cap Starter Pack ☐ 120mg DR Cap ☐ 240mg DR Cap	☐ Dose titration: 120mg PO bid x7 days, then 240mg bid. ☐ Maintenance: 240mg PO bid. ☐ Temporary dose reduction: 120mg PO bid.	☐ 30 days ☐	
☐ Vumerity	☐ 231mg DR Cap	☐ Dose titration: 231mg PO bid x7 days, then 462mg bid. ☐ Maintenance: 462mg PO bid. ☐ Temporary dose reduction: 231mg PO bid.	☐ 28 days ☐	
☐ Zeposia	☐ 7-day Starter Pack ☐ 28-day Starter Pack ☐ 0.92mg Cap	☐ Dose Titration, then 0.92mg PO bid. ☐ Maintenance: 0.92mg PO bid.	☐ 30 days ☐	
☐ Other	☐ ☐ ☐	☐ ☐	☐ ☐	

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