COTTRILL'S SP
1-844-268-8745

MULTIPLE SCLEROSIS
PATIENT REFERRAL & Rx FORM

PLEASE INCLUDE ALL MEDICAL RECORDS AND LABS
PLEASE FAX TO 1-716-508-8482

PATIENT INFORMATION

Last Name _____ First Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Gender: ☐ Male ☐ Female Height _____ Weight _____ Social Security # _____

Home Phone _____ Cell _____ Email Address _____

Allergies _____ Emergency Contact Name _____ Phone _____

INSURANCE INFORMATION

Please provide a current copy of insurance card(s) or complete the following information

Primary Insurance _____ Policy # _____ Group # _____ Phone _____

Policy Holder's Name _____ DOB _____

Secondary Insurance _____ Policy # _____ Group # _____ Phone _____

Policy Holder's Name _____ DOB _____

CLINICAL INFORMATION

Primary Diagnosis: _____ Diagnosis Code: _____

Secondary Diagnosis: _____ Diagnosis Code: _____

MS Type: ☐ Primary Progressive ☐ Relapsing-remitting ☐ Secondary Progressive without relapses ☐ Progressive-relapsing

MEDICATIONS

Medication	Strength	Quantity	Directions	Refills
☐ **Avonex® (Interferon beta-1a)**	☐ Titration Dosing with AvoStartGrip®	4	**Titration Dose:** **Week 1**: Inject 7.5 mcg (0.125 mL) into the muscle **Week 2**: Inject 15 mcg (0.25 mL) into the muscle **Week 3**: Inject 22.5 mcg (0.375 mL) into the muscle **Week 4**: Inject 30 mcg (0.5 mL) into the muscle	0
	☐ 30 mcg pen ☐ 30 mcg prefilled syringe	4	**Maintenance Dose**: Inject 30 mcg (0.5 mL) into the muscle every week	____
☐ **Betaseron® (Interferon beta-1b)**	☐ Titration Dosing	14	**Titration Dose**: **Week 1-2**: Inject 0.0625 mg (0.25 mL) under the skin every other day **Week 3-4**: Inject 0.125 mg (0.5 mL) under the skin every other day **Week 5-6**: Inject 0.1875 mg (0.75 mL) under the skin every other day **Week 7-8**: Inject 0.25 mg (1 mL) under the skin every other day	1
	☐ 0.3 mg vial	14	**Maintenance Dose**: Inject 0.25 mg (1 mL) under the skin every other day	____
☐ **Copaxone® (Glatiramer)**	☐ 20 mg	30	Inject 20 mg (1 mL) under the skin every day	____
	☐ 40 mg	12	Inject 40 mg (1 mL) under the skin three times a week at least 48 hours apart	____
☐ **Extavia® (Interferon beta-1b)**	☐ Titration Dosing	15	**Titration Dose**: **Week 1-2**: Inject 0.0625 mg (0.25 mL) under the skin every other day **Week 3-4**: Inject 0.125 mg (0.5 mL) under the skin every other day **Week 5-6**: Inject 0.1875 mg (0.75 mL) under the skin every other day **Week 7-8**: Inject 0.25 mg (1 mL) under the skin every other day	1
	☐ 0.3 mg vial	15	**Maintenance Dose**: Inject 0.25 mg (1 mL) under the skin every other day	____
☐ **Gilenya® (Fingolimod)**	☐ 0.5 mg capsule	28	Take one capsule by mouth every day	____
☐ **Rebif® Rebidose® Autoinjector (Interferon beta-1a)**	☐ 22 mcg Titration Dosing ☐ 44 mcg Titration Dosing	12	**Titration dose for target maintenance dose of 22 mcg**: **Week 1-2**: Inject 4.4 mcg (0.1 mL) of the 8.8 mcg pen under the skin three times a week **Week 3-4**: Inject 11 mcg (0.25 mL) of the 22 mcg pen under the skin three times a week **Titration dose for target maintenance dose of 44 mcg**: **Week 1-2**: Inject 8.8 mcg (0.2 mL) of the 8.8 mcg pen under the skin three times a week **Week 3-4**: Inject 22 mcg (0.5 mL) of the 22 mcg pen under the skin three times a week	0
	☐ 22 mcg	12	**Maintenance Dose**: Inject 22 mcg (0.5 mL) under the skin three times a week	____
	☐ 44 mcg	12	**Maintenance Dose**: Inject 44 mcg (0.5 mL) under the skin three times a week	____
☐ Other: _____	_____	____	**Dosing**: _____	____

EDUCATION AND DELIVERY INSTRUCTIONS

Education: ☐ Cottrill's Specialty Pharmacy to coordinate injection training ☐ Physician's office to provide injection training

Deliver to: ☐ Patient's home ☐ Physician's Office ☐ 1st dose to physician's office - remaining to patient's home

PHYSICIAN INFORMATION

Physician Name _____ NPI# _____

License # _____ State _____ DEA# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Office Contact _____

_____ _____ _____

Product Selection Permitted **Dispense as Written** **Date**

Cottrill's will verify insurance benefits, initiate PA's and notify patient prior to admission of any out of pocket expenses or co-payments