Multiple Sclerosis Referral Form

Please send the following with clinical documentation, which includes visit, physical and history notes, plus lab results for last 3 months, to:

p: 844.575.1515 | f: 844.797.5050 | e: specialtyreferrals@soleohealth.com

This form is not a valid prescription

✂ Please detach before submitting to a pharmacy. Cut or tear here.

PATIENT INFORMATION

Patient Name		DOB	Contact Phone
Address	City	State	Zip
Gender ☐M ☐F	Social Security, last 4 digits	Weight (lb.)	Height (in.)
☐NKDA	☐Allergies		Date
ICD-10 code:		ICD-10 description:	
Patient Status ☐New to Therapy ☐Continuing Therapy		TB Skin Test ☐Yes ☐No	Hepatitis B Screen ☐Yes ☐No

PRESCRIBER INFORMATION

Ordering Prescriber		Prescriber NPI	
Practice Name		Phone	Fax
Practice Address	City	State	Zip

REQUIRED DOCUMENTATION

☐Insurance Cards	☐History & Physical	☐Most Recent Labs	☐Medication List

MULTIPLE SCLEROSIS TREATMENT PLAN

☐ Ocrevus™	300mg/10ml vial*	☐ Initial dosing: Infuse 300 mg IV as directed followed two weeks later by a second 300 mg IV dose ☐ Subsequent dosing: Infuse 600 mg IV as directed every 6 months
☐ Ocrevus Zunovo™	920mg+23,000 units hyaluronidase per 23mL vial*	☐ Initial dosing: Inject 920mg subcutaneously in the abdomen over 10 minutes ☐ Subsequent dosing: Inject 920mg subcutaneously every 6 months following initial injection
☐ Briumvi®	150mg/6ml vial*	☐ Initial Dosing: 150mg IV day 1 and then 450mg on day 15 ☐ Subsequent Dosing: 450mg/250ml NS q 24weeks
☐ Tysabri®	300mg/15ml vial*	Infuse 300 mg IV over 1 to 2 hours every ____ weeks
☐ Other	Include dosage, frequency and any other special instructions.	
☐ Refill for 1 year		

NURSING

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on home infusion, medication administration, self-monitoring and safety.

PREMEDICATION

☐ Include premedication per Pharmacy's infusion protocol.

☐ Other _____

LABORATORY ORDERS

☐ CBC every _____

☐ CMP every _____

☐ Other

The Pharmacy may contact the prescriber to comply with state-specific requirements. The prescriber is required to comply with any applicable state-specific prescription requirements (e.g., e-prescribing, prescription forms).