Date:	NEUROLOGY REFERRAL FORM		Century Specialty Script				10				
Courrent Patient New Patient Ship to Patient's home Prescriber 1" Order Only Prescriber All Orders											
Newly plates		Phone: 9			3			PECIALTY SCRIPT.			
Patient Name:							Ist Order Only	□ Drocaribor	All Ordors		
Prescriber Name:	· · · · · · · · · · · · · · · · · · ·										
Address:					Prescribe						
City, State, Zip:											
Home hone:											
Fax:											
DEA:											
Insurance Insu											
Primary Insurance: ID#: Group:	DOB:	Gender: $\ \square$] M □ F		Contact F	Person:					
Description Card: IDH: Group:			Insu	ırance lı	nformati	ion					
Prescription Card: IDB: BINB: PCNB: Group:	Primary Insurance:			10)#:		Group:				
Diagnosis & Lab Work (Fill in below or attach lab work) Primary Diagnosis:	Secondary Insurance:										
Primary Diagnosis:	Prescription Card:										
ANC:											
Pregnancy Test:											
Date of First/Next Injection: Prescription Information								:			
Prescription Information Directions Qty Refills											
Medication Dose Strength Directions Qty Refills Aubagio (teriflunomide) 7 mg 14 mg Take one 7 mg tablet orally once daily (teriflunomide) Take one 14 mg tablet orally once daily Company Com											
Aubagio 7mg	Modication	Doco Strong		ription				Otv	Dofille		
Take one 14mg tablet orally once daily				☐ Take			ce dailv	Qty	Keiliis		
Interferon beta-1a 30mcg syringe Week 2 - Inject 15mcg IM; Week 4 - Inject 22.5mcg IM; Week 4 - Inject 22.5mcg IM; Week 4 - Inject 30mcg IM; Inject 30mcg IM; Week 4 - Inject 30mcg IM; Week 4 - Inject 30mcg IM; Inject 30mcg IM once weekly	_	Ü	Ü								
Destaseron	Avonex	☐ 30mcg PFS		☐ Dose	, ,						
Inject 30mcg IM once weekly	(Interferon beta-1a)	☐ 30mcg syringe		1	-	_	-				
Betaseron					_		Bumcg IIVI;				
0.0625mg/0.25mL; Weeks 3-4 – Inject	Betaseron				, ,						
O.125mg/0.50mL; Weeks 5-6 - Inject O.1875mg/0.75mL; Weeks 7+ - Inject O.25mg/1mL	Betaseron						•				
O.1875mg/0.75mL; Weeks 7+ - Inject O.25mg/1mL Inject 0.25mg (1mL) SC every other day O.5mg vial O.3mg vial O.3mg vial O.3mg vial O.25mg/0.25mL; Weeks 1-2 - Inject O.625mg/0.25mL; Weeks 3-4 - Inject O.125mg/0.50mL; Weeks 3-4 - Inject O.125mg/0.50mL; Weeks 7+ - Inject O.125mg/0.75mL; Weeks 7+ - Inject O.125mg/1mL O.25mg/1mL O.25mg/1mL O.25mg/1mL O.25mg/1mL O.25mg/1mL O.25mg/1mL O.5mg					O,	•	, i				
Copaxone (glatiramer acetate)					-		•				
Copaxone (glatiramer acetate) Dalfampridine				0.25r							
Inject 40mg SC three times per week				☐ Injec	t 0.25mg (1mL) SC every	other day				
Dalfampridine	•	☐ 20mg PFS ☐ 40	mg PFS	☐ Injec	t 20mg SC	daily					
Dalfampridine	(glatiramer acetate)			1	_	three times pe	r week				
Extavia (Interferon beta – 1b)	D 10				•	40.1					
(Interferon beta – 1b) O.0625mg/0.25mL; Weeks 3-4 – Inject O.1875mg/0.50mL; Weeks 5-6 – Inject O.1875mg/0.75mL; Weeks 7+ – Inject O.25mg/1mL Inject 0.25mg/1mL SC every other day Gilenya Mitoxantrone HCL O20 mg MDV O25mg MDV O30mg MDV Dilute and administer 12mg/mL as IV Flush Protocol DSW 5-10mL before and after infusion followed by 3-5mL of Heparin 100u/mL NaCl 0.9% 5-10mL before and after infusion followed by 3-5mL of Heparin 100u/mL Other: Pre-Medications & Other Meds: Infusion supplies as per protocol Acetaminophen mg Epipen Prior to Infusion: Diphenhydramine mg PO IVP Solu-medrol IV IVP	·				_						
O.125mg/0.50mL; Weeks 5-6 – Inject O.1875mg/0.75mL; Weeks 7+ – Inject O.25mg/1mL O.25mg/1mL SC every other day Gilenya Mitoxantrone HCL O.5mg O.5 mg PO once daily Dilute and administer 12mg/mL as IV O.5 mg PO once daily Flush Protocol Solution and after infusion followed by 3-5mL of Heparin 100u/mL O.9% 5-10mL before and after infusion followed by 3-5mL of Heparin 100u/mL Other: Pre-Medications & Other Meds: Infusion supplies as per protocol Acetaminophen mg Epipen Prior to Infusion: Diphenhydramine mg PO IVP Solu-medrol IV IVP		U.Silig viai					•				
O.1875mg/0.75mL; Weeks 7+ – Inject O.25mg/1mL O.25mg/1mL SC every other day Gilenya O.5mg O.5 mg PO once daily Mitoxantrone HCL O20 mg MDV Dilute and administer 12mg/mL as IV Flush Protocol OSW 5-10mL before and after infusion followed by 3-5mL of Heparin 100u/mL NaCl 0.9% 5-10mL before and after infusion followed by 3-5mL of Heparin 100u/mL Other: Pre-Medications & Other Meds: Infusion supplies as per protocol Acetaminophen mg Epipen Prior to Infusion: Diphenhydramine mg PO IVP Solu-medrol IV	,				-		· .				
Gilenya					_		-				
Gilenya					_	,	,				
Mitoxantrone HCL					_	1mL SC every o	ther day				
30mg MDV Flush Protocol DSW 5-10mL before and after infusion followed by 3-5mL of Heparin 100u/mL NaCl 0.9% 5-10mL before and after infusion followed by 3-5mL of Heparin 100u/mL Other: Pre-Medications & Other Meds: Infusion supplies as per protocol Acetaminophen mg Epipen Prior to Infusion: Diphenhydramine mg PO IVP Solu-medrol IV IVP	Gilenya				_	•					
Flush Protocol DSW 5-10mL before and after infusion followed by 3-5mL of Heparin 100u/mL NaCl 0.9% 5-10mL before and after infusion followed by 3-5mL of Heparin 100u/mL Other: Pre-Medications & Other Meds: Infusion supplies as per protocol Acetaminophen mg Epipen Prior to Infusion: Diphenhydramine mg PO IVP Solu-medrol IV IVP	Mitoxantrone HCL	1	mg MDV	│ □ Dilut	e and adm	ninister 12mg/n	nL as IV				
□ DSW 5-10mL before and after infusion followed by 3-5mL of Heparin 100u/mL □ NaCl 0.9% 5-10mL before and after infusion followed by 3-5mL of Heparin 100u/mL □ Other: □ Pre-Medications & Other Meds: □ Infusion supplies as per protocol □ Acetaminophen □ mg □ Epipen Prior to Infusion: □ Diphenhydramine □ mg □ PO □ IVP □ Solu-medrol □ IV □ IVP				Flush P	rotocol						
□ NaCl 0.9% 5-10mL before and after infusion followed by 3-5mL of Heparin 100u/mL □ Other: □ Pre-Medications & Other Meds: □ Infusion supplies as per protocol □ Acetaminophen mg □ Epipen Prior to Infusion: □ Diphenhydramine mg □ PO □ IVP □ Solu-medrol □ IV □ IVP	□ DSW 5-10ml hefore	and after infusion follow									
☐ Other: mg ☐ PO ☐ IVP ☐ Solu-medrol ☐ IV ☐ IVP											
Pre-Medications & Other Meds: □ Infusion supplies as per protocol □ Acetaminophen			, 3	_ 2.11	,	•					
Prior to Infusion: Diphenhydramine mg PO IVP Solu-medrol IV IVP	Pre-Medications & Other Meds: Infusion supplies as per protocol Acetaminophen mg Epipen										
Prescriber Signature: DAW (Dispense as Written) Date:	Prior to Infusion:						-				
Prescriber Signature: DAW (Dispense as Written) Date:											
	Prescriber Signature:				DAW (Dispense as W	ritten) Date:				

NEUROLOGY REFERRAL FORM		Century Specialty Script				10				
Date:		Fax Re	eferral T	To: 877-521-5353			LTY			
☐ Current Patient	☐ New Patient	Phone: 800-521-3949					J SCRITT.			
Need by date: Ship to: Patient's home Prescriber 1st Order Only Prescriber All Orders										
	Patient Information				Pre	scriber Information	on			
Patient Name:				Prescriber I						
				Fax: DEA:NPI #:						
	Gender:		:		rson:					
				nformatio						
						Group:				
Prescription Card:	ID#:		B	IN#:	PCN#:	Group:				
	Diagnosis	& Lab W	ork (Fill ir	n below o	r attach lab	work)				
Primary Diagnosis:	Laborator	y Results: L	.EVF	Date	e:	Platelets:	Date:			
ANC:	Date:	_ Bilirubin:		mg/dl	_ Date:	Allergies:				
Pregnancy Test:	(+/-) Date:			Concurrent	Meds:					
Expected Date of First	/Next Injection:			_ Date of I	ast Injection	(if applicable):				
		Pre	scription	Informati	on					
Medication	Dose Strength				Directions		Qty	Refills		
Ocrevus IV	☐ 300mg ☐ 600m	ng	☐ Loading	ding Dose: 300mg on Day 1, then						
	300mg 2 weeks after									
					: 600mg once	every 6				
51		months, after initial dose								
Plegridy	☐ Pen & Prefilled Syring 63mcg/0.5mL & 94mc	Loading Dose: Inject 63mcg SQ								
	☐ Pen & Prefilled Syring	on day 1 and 94mcg SQ on Day 15 Maintenance Dose: Inject								
	125mcg/0.5mL	125mcg SQ once every 14 days starting on Day 2								
Rebif	☐ Target dose 44mcg		4mcg: 8.8m							
	☐ Target dose 22mcg	weekly for 2 weeks								
		☐ Titration 44mcg: 22mcg (50% of target dose) 3 times weekly for 2 weeks								
			☐ Initial 22mcg: 4.4mcg (20% of target dose) 3 times weekly for 2 weeks							
		☐ Titration 22mcg: 11mcg (50% of target dose) 3 times								
			weekly for		0 (,				
Tecfidera	☐ 120mg ☐ 240m	ng	☐ Loading	Dose: 120r	ng PO BID for	7 days				
(Dimethyl Fumarate)					: 240mg BID					
Vumerity	☐ 231mg		_		ng PO BID for	•				
Vyepti	☐ 100mg/mL				: 462mg PO B	טוכ once every 3 months				
ууери			_			once every 3 months				
Xembify				miasca ovei	30 minutes (once every 5 monens				
Zeposia	☐ 7 Day Starter Pack: 0.	23mg (4	☐ Loading	Dose: 0.23	mg PO once o	laily on	_			
·	capsules)	٥.				aily on Days 5-7				
	0.46mg (3 capsules)		☐ Mainte	nance Dose	: 0.92mg PO o	once daily				
	☐ 0.92mg capsules			on Day 8						
			Flush Pi	rotocol						
☐ DSW 5-10mL before	e and after infusion follow	ed by 3-5m	L of Heparir	n 100u/mL						
☐ NaCl 0.9% 5-10mL l	before and after infusion for	ollowed by	3-5mL of He	eparin 100u,	/mL					
☐ Other:										
Pre-Medications & Ot	her Meds: 🗆 Infusio	n supplies	as per proto	ocol	☐ Acetamin	ophen	mg l	□ Epipen		
Prior to Infusion:	☐ Diphenhydramine		mg	□ РО	□IVP	☐ Solu-medrol	□IV	□IVP		
							_			
Prescriber Signature:				DAW (Di	spense as Wr	itten) Date:				