# Multiple Sclerosis
enrollment form

**Phone:** 855-425-4085 **Fax:** 855-425-4096 **ardonhealth.com**

ardon

| Date needed | Medication start date | Ship to: ☐ Patient ☐ Physician ☐ Other: |
|---|---|---|

## Patient information

| Patient name | Date of birth | | Phone | Alternate phone | |
|---|---|---|---|---|---|
| Address | | City | State | ZIP | |
| Gender: ☐ Male ☐ Female | Email | Primary language | | Height | Weight |

## Prescriber information

| Prescriber name | State License # | NPI # | DEA # | |
|---|---|---|---|---|
| Group or hospital | Address | City | State | ZIP |
| Phone | Fax | Contact person name and phone | | |

**Insurance information:** If available, please fax a copy of the prescription and insurance card(s) with this form (front and back).

## Clinical

| Date of diagnosis | Diagnosis: ☐ G35 Multiple sclerosis ☐ G35.B Primary progressive multiple sclerosis ☐ G35.C Secondary progressive multiple sclerosis ☐ G37.9 Demyelinating disease of central nervous system, unspecified ☐ Other _____ |
|---|---|
| Number of relapses last year: | |
| Previous disease-modifying therapy: | Current medications: |
| Allergies: | Is the patient new to therapy? ☐ Yes ☐ No |

## Prescription information

| Medication | Dose/strength | Directions | Quantity | Refill |
|---|---|---|---|---|
| ☐ Aubagio<br>☐ Teriflunomide | ☐ 7 mg Tablet<br>☐ 14 mg Tablet | ☐ Take 1 tablet by mouth once daily | ☐ 30 Tablets | |
| ☐ Avonex | ☐ 30 mcg/0.5 mL Prefilled Syringe<br>☐ 30 mcg/0.5 mL Pen | ☐ Titration Dosing (PFS):<br>Week 1: Inject 7.5 mcg IM<br>Week 2: Inject 15 mcg IM<br>Week 3: Inject 22.5 mcg IM<br>Week 4: Start injecting 30 mcg IM every 7 days | ☐ 1 Kit = 4 PFS<br>☐ 1 Kit = 4 Pens | |
| | | ☐ Inject 30 mcg IM every 7 days | | |
| ☐ Bafiertam | ☐ 95 mg Capsule | ☐ Titration Dosing: Take 1 capsule by mouth 2 times daily for 7 days, then 2 capsules 2 times daily thereafter | ☐ 120 Capsules | NA |
| | | ☐ Take 2 capsules by mouth 2 times daily | ☐ 120 Capsules | |
| ☐ Betaseron | ☐ 0.3 mg Vial | ☐ Titration Dosing:<br>Weeks 1–2: Inject 0.0625 mg (0.25 mL) SUBQ every other day<br>Weeks 3–4: Inject 0.125 mg (0.5 mL) SUBQ every other day<br>Weeks 5–6: Inject 0.1875 mg (0.75 mL) SUBQ every other day<br>Week 7: Start injecting 0.25 mg (1 mL) SUBQ every other day | ☐ 1 Kit = 14 Devices | |
| | | ☐ Inject 0.25 mg (1 mL) SUBQ every other day | | |
| ☐ Copaxone<br>☐ Glatopa<br>☐ Glatiramer acetate | ☐ 20 mg/mL Prefilled Syringe<br>☐ 40 mg/mL Prefilled Syringe | ☐ Inject 20 mg SUBQ once daily | ☐ 1 Kit = 30 PFS | |
| | | ☐ Inject 40 mg SUBQ 3 times weekly | ☐ 1 Kit = 12 PFS | |
| | | ☐ Other: _____ | | |
| ☐ Dalfampridine | ☐ 10 mg ER Tablet | ☐ Take 1 tablet by mouth 2 times daily approximately 12 hours apart | ☐ 60 Tablets | |

## Physician signature required

| **Product substitution permitted** | **Dispense as written** |
|---|---|
| X _____ Date _____ | X _____ Date _____ |

Ancillary supplies and kits will be provided as needed for administration.

| | | | | |
|---|---|---|---|---|
| ☐ Extavia | ☐ 0.3 mg Vial | ☐ Titration Dosing:<br>Weeks 1–2: Inject 0.0625 mg (0.25 mL) SUBQ every other day<br>Weeks 3–4: Inject 0.125 mg (0.5 mL) SUBQ every other day<br>Weeks 5–6: Inject 0.1875 mg (0.75 mL) SUBQ every other day<br>Week 7: Start injecting 0.25 mg (1 mL) SUBQ every other day | ☐ 1 Kit = 15 devices | |
| | | ☐ Inject 0.25 mg (1 mL) SUBQ every other day | | |
| ☐ Gilenya<br>☐ Fingolimod | ☐ 0.5 mg Capsule | ☐ Take 1 capsule by mouth once daily | ☐ 30 Tablets | |
| ☐ Kesimpta | ☐ 20 mg/0.4 mL Pen | ☐ Initial Dose: Inject 20 mg SUBQ on day 1, day 8, and day 15, followed by 20 mg once monthly starting on day 29 | ☐ 3 Pens | NA |
| | | ☐ Inject 20 mg SUBQ once monthly | ☐ 1 Pen | |
| ☐ Mayzent | CYP2C9 Genotype<br>*1/*1, *1/*2, and *2/*2<br>☐ Titration Pack (5-day) | ☐ Titration Dosing: Take 0.25 mg by mouth day 1-2, 0.5 mg day 3, 0.75mg day 4, 1.25 mg day 5, followed by 2 mg daily thereafter | ☐ 1 Titration Kit = 12 Tablets | NA |
| | ☐ 2 mg Tablet | ☐ Take 1 tablet by mouth once daily | ☐ 30 Tablets | |
| | CYP2C9 Genotype<br>*1/*3 or *2/*3*<br>☐ Titration Pack (4-day) | ☐ Titration Dosing: Take 0.25 mg by mouth day 1-2, 0.5 mg day 3, 0.75 mg day 4, followed by 1 mg daily thereafter | ☐ 1 Titration Kit = 7 Tablets | NA |
| | ☐ 1 mg Tablet | ☐ Take 1 tablet by mouth once daily | ☐ 30 Tablets | |

☐ Mavenclad — ☐ 10 mg tablet

Treatment course: ☐ Year 1 ☐ Year 2
Patient weight: _____ kg

Take by mouth daily at intervals of 24 hours approximately the same time each day.
Check the box of the row corresponding to the number of tablets to prescribe in the first and second cycle.

**First Cycle (Month 1)**

| Weight range (kg) | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total tablets | Refill |
|---|---|---|---|---|---|---|---|
| ☐ 40 to < 50 | 1 tab | 1 tab | 1 tab | 1 tab | - | 4 (40 mg) | NA |
| ☐ 50 to < 60 | 1 tab | 1 tab | 1 tab | 1 tab | 1 tab | 5 (50 mg) | |
| ☐ 60 to < 70 | 2 tabs | 1 tab | 1 tab | 1 tab | 1 tab | 6 (60 mg) | |
| ☐ 70 to < 80 | 2 tabs | 2 tabs | 1 tab | 1 tab | 1 tab | 7 (70 mg) | |
| ☐ 80 to < 90 | 2 tabs | 2 tabs | 2 tabs | 1 tab | 1 tab | 8 (80 mg) | |
| ☐ 90 to < 100 | 2 tabs | 2 tabs | 2 tabs | 2 tabs | 1 tab | 9 (90 mg) | |
| ☐ 100 to < 110 | 2 tabs | 2 tabs | 2 tabs | 2 tabs | 2 tabs | 10 (100 mg) | |
| ☐ ≥ 110 | 2 tabs | 2 tabs | 2 tabs | 2 tabs | 2 tabs | 10 (100 mg) | |

**Second Cycle (Month 2)**

| Weight range (kg) | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total tablets | Refill |
|---|---|---|---|---|---|---|---|
| ☐ 40 to < 50 | 1 tab | 1 tab | 1 tab | 1 tab | - | 4 (40 mg) | NA |
| ☐ 50 to < 60 | 1 tab | 1 tab | 1 tab | 1 tab | 1 tab | 5 (50 mg) | |
| ☐ 60 to < 70 | 2 tabs | 1 tab | 1 tab | 1 tab | 1 tab | 6 (60 mg) | |
| ☐ 70 to < 80 | 2 tabs | 2 tabs | 1 tab | 1 tab | 1 tab | 7 (70 mg) | |
| ☐ 80 to < 90 | 2 tabs | 2 tabs | 1 tab | 1 tab | 1 tab | 7 (70 mg) | |
| ☐ 90 to < 100 | 2 tabs | 2 tabs | 2 tabs | 1 tab | 1 tab | 8 (80 mg) | |
| ☐ 100 to < 110 | 2 tabs | 2 tabs | 2 tabs | 2 tabs | 1 tab | 9 (90 mg) | |
| ☐ ≥ 110 | 2 tabs | 2 tabs | 2 tabs | 2 tabs | 2 tabs | 10 (100 mg) | |

| | | | | |
|---|---|---|---|---|
| ☐ Ocrevus | ☐ 300 mg/10 mL Vial | ☐ Initial Dose: Infuse 300 mg IV on day 1, followed by 300 mg IV 14 days later | ☐ 2 Vials | NA |
| | | ☐ Maintenance Dose: Infuse 600 mg IV every 6 months | | |
| ☐ Ocrevus Zunovo | ☐ 920 mg and 23,000 units/ 23 mL Vial | ☐ Inject 920 mg/23,000 units SUBQ every 6 months | ☐ 1 Vial | |

**Physician signature required**

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|---|---|
| X _____ Date _____ | X _____ Date _____ |

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| | | | | |
|---|---|---|---|---|
| ☐ Plegridy SUBQ | ☐ Titration Pack Prefilled Syringe<br>☐ Titration Pack Pen | ☐ Titration Dose: Inject 63 mcg SUBQ on day 1, 94 mcg on day 15, then 125 mcg on every 14 days thereafter starting on day 29 | ☐ 1 Titration Kit = 2 Pen/PFS | NA |
| | ☐ 125 mcg/0.5 mL Prefilled Syringe<br>☐ 125 mcg/0.5 mL Pen | ☐ Inject 125 mcg SUBQ every 14 days | ☐ 2 Pen/PFS | |
| ☐ Plegridy IM | ☐ 125 mcg/0.5 mL Prefilled Syringe | ☐ Titration Dose: Inject 63 mcg IM on day 1, 94 mcg on day 15, then 125 mcg every 14 days thereafter starting on day 29 | ☐ 1 Kit = 2 PFS | |
| | | ☐ Inject 125 mcg IM every 14 days | | |
| ☐ Ponvory | ☐ Titration Pack (14 Tablets) | ☐ Titration Dose: Take 2 mg by mouth day 1-2, 3 mg day 3-4, 4 mg day 5-6, 5 mg day 7, 6 mg day 8, 7 mg day 9, 8 mg day 10, 9 mg day 11, and 10 mg day 12-14, followed by 20 mg once daily thereafter | ☐ 1 Titration Kit = 14 Tablets | NA |
| | ☐ 20 mg Tablet | ☐ Take 1 tablet by mouth once daily | ☐ 30 Tablets | |
| ☐ Rebif | ☐ Titration Pack Prefilled Syringe<br>☐ Titration Pack Rebidose Autoinjector | ☐ Titration to 22 mcg dose (PFS only):<br>Weeks 1-2: Inject 4.4 mcg SUBQ 3 times weekly<br>Weeks 3-4: Inject 11 mcg SUBQ 3 times weekly<br>Week 5: Start injecting 22 mcg SUBQ 3 times weekly | ☐ 1 Titration Kit = six 8.8 mcg + six 22 mcg syringes or autoinjectors | NA |
| | | ☐ Titration to 44 mcg dose:<br>Weeks 1–2: Inject 8.8 mcg SQ 3 times weekly<br>Weeks 3–4: Inject 22 mcg SQ 3 times weekly<br>Week 5: Start injecting 44 mcg SQ 3 times weekly | | |
| | ☐ 22 mcg Prefilled Syringe<br>☐ 22 mcg Rebidose Autoinjector<br>☐ 44 mcg Prefilled Syringe<br>☐ 44 mcg Rebidose Autoinjector | ☐ Inject 22 mcg SUBQ 3 times weekly | ☐ 12 Pen/PFS | |
| | | ☐ Inject 44 mcg SUBQ 3 times weekly | | |
| | | ☐ Other: _____ | | |
| ☐ Tecfidera<br>☐ Dimethyl Fumarate | ☐ Starter Kit (60 DR Capsules) | ☐ Titration Dose: Take 120 mg by mouth 2 times daily for 7 days, then take 240 mg 2 times daily thereafter | ☐ 1 Starter Kit | NA |
| | ☐ 120 mg DR Capsule (dispensed in multiples of #14)<br>☐ 240 mg DR Capsule | ☐ Take 240 mg by mouth 2 times daily | ☐ 60 Capsules<br>☐ Other _____ | |
| | | ☐ Other: _____ | | |
| ☐ Vumerity | ☐ 231 mg DR Capsule | ☐ Titration Dose: Take 1 capsule by mouth 2 times daily for 7 days, then take 2 capsules 2 times daily thereafter | ☐ 106 Capsules | NA |
| | | ☐ Take 2 capsules by mouth 2 times daily | ☐ 120 Capsules | |
| | | ☐ Other: _____ | | |
| ☐ Zeposia | ☐ Titration Pack (7-day)<br>☐ Titration Pack (28-day ) | ☐ Titration Dose: Take 0.23 mg by mouth day 1-4, 0.46 mg day 5-7, followed by 0.92 mg once daily thereafter | ☐ 1 Titration Kit | NA |
| | ☐ 0.92 mg Capsule | ☐ Take 0.92 mg by mouth once daily | ☐ 30 Capsules | |

**Physician signature required**

| **Product substitution permitted** | **Dispense as written** |
|---|---|
| X _____ Date _____ | X _____ Date _____ |

Ancillary supplies and kits will be provided as needed for administration.