

Multiple Sclerosis enrollment form

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



Date needed	Medication start date	Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Physician <input type="checkbox"/> Other:
-------------	-----------------------	--

Patient information					
Patient name	Date of birth	Phone	Alternate phone		
Address	City	State	ZIP		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> Clinically Isolated Syndrome <input type="checkbox"/> Relapsing-Remitting <input type="checkbox"/> Secondary Progressive <input type="checkbox"/> Primary Progressive <input type="checkbox"/> Other (ICD-10 Code) _____
Number of relapses last year:	
Previous disease-modifying therapy:	Current medications:
Allergies:	Is the patient new to therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Physician signature required	
Product substitution permitted X _____ Date _____	Dispense as written X _____ Date _____

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

The information included in this FAX is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended addressee, nor authorized to receive for the intended addressee, you are hereby notified that you may not use, copy, disclose or distribute this information. If you have received this FAX in error, please contact the sender and destroy the entire document.

<input type="checkbox"/> Extavia	<input type="checkbox"/> 0.3 mg Vial	<input type="checkbox"/> Titration Dosing: Weeks 1-2: Inject 0.0625 mg (0.25 mL) SUBQ every other day Weeks 3-4: Inject 0.125 mg (0.5 mL) SUBQ every other day Weeks 5-6: Inject 0.1875 mg (0.75 mL) SUBQ every other day Week 7: Start injecting 0.25 mg (1 mL) SUBQ every other day <input type="checkbox"/> Inject 0.25 mg (1 mL) SUBQ every other day	<input type="checkbox"/> 1 Kit = 15 devices						
<input type="checkbox"/> Gilenya <input type="checkbox"/> Fingolimod	<input type="checkbox"/> 0.5 mg Capsule	<input type="checkbox"/> Take 1 capsule by mouth once daily	<input type="checkbox"/> 30 Tablets						
<input type="checkbox"/> Kesimpta	<input type="checkbox"/> 20 mg/0.4 mL Pen	<input type="checkbox"/> Initial Dose: Inject 20 mg SUBQ on day 1, day 8, and day 15, followed by 20 mg once monthly starting on day 29 <input type="checkbox"/> Inject 20 mg SUBQ once monthly	<input type="checkbox"/> 3 Pens <input type="checkbox"/> 1 Pen	NA					
<input type="checkbox"/> Mayzent	CYP2C9 Genotype *1/*1, *1/*2, and *2/*2 <input type="checkbox"/> Titration Pack (5-day)	<input type="checkbox"/> 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	<input type="checkbox"/> 1 Titration Kit = 12 Tablets	NA					
	<input type="checkbox"/> 2 mg Tablet	<input type="checkbox"/> Take 1 tablet by mouth once daily	<input type="checkbox"/> 30 Tablets						
	CYP2C9 Genotype *1/*3 or *2/*3* <input type="checkbox"/> Titration Pack (4-day)	<input type="checkbox"/> 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	<input type="checkbox"/> 1 Titration Kit = 7 Tablets	NA					
	<input type="checkbox"/> 1 mg Tablet	<input type="checkbox"/> Take 1 tablet by mouth once daily	<input type="checkbox"/> 30 Tablets						
<input type="checkbox"/> Mavenclad	<input type="checkbox"/> 10 mg tablet	Treatment course: <input type="checkbox"/> Year 1 <input type="checkbox"/> 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
		<input type="checkbox"/> 40 to < 50	1 tab	1 tab	1 tab	1 tab	-	4 (40 mg)	NA
		<input type="checkbox"/> 50 to < 60	1 tab	1 tab	1 tab	1 tab	1 tab	5 (50 mg)	
		<input type="checkbox"/> 60 to < 70	2 tabs	1 tab	1 tab	1 tab	1 tab	6 (60 mg)	
		<input type="checkbox"/> 70 to < 80	2 tabs	2 tabs	1 tab	1 tab	1 tab	7 (70 mg)	
		<input type="checkbox"/> 80 to < 90	2 tabs	2 tabs	2 tabs	1 tab	1 tab	8 (80 mg)	
		<input type="checkbox"/> 90 to < 100	2 tabs	2 tabs	2 tabs	2 tabs	1 tab	9 (90 mg)	
		<input type="checkbox"/> 100 to < 110	2 tabs	2 tabs	2 tabs	2 tabs	2 tabs	10 (100 mg)	
		<input type="checkbox"/> ≥ 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
		<input type="checkbox"/> 40 to < 50	1 tab	1 tab	1 tab	1 tab	-	4 (40 mg)	NA
		<input type="checkbox"/> 50 to < 60	1 tab	1 tab	1 tab	1 tab	1 tab	5 (50 mg)	
<input type="checkbox"/> 60 to < 70	2 tabs	1 tab	1 tab	1 tab	1 tab	6 (60 mg)			
<input type="checkbox"/> 70 to < 80	2 tabs	2 tabs	1 tab	1 tab	1 tab	7 (70 mg)			
<input type="checkbox"/> 80 to < 90	2 tabs	2 tabs	1 tab	1 tab	1 tab	7 (70 mg)			
<input type="checkbox"/> 90 to < 100	2 tabs	2 tabs	2 tabs	1 tab	1 tab	8 (80 mg)			
<input type="checkbox"/> 100 to < 110	2 tabs	2 tabs	2 tabs	2 tabs	1 tab	9 (90 mg)			
<input type="checkbox"/> ≥ 110	2 tabs	2 tabs	2 tabs	2 tabs	2 tabs	10 (100 mg)			
<input type="checkbox"/> Ocrevus	<input type="checkbox"/> 300 mg/10 mL Vial	<input type="checkbox"/> Initial Dose: Infuse 300 mg IV on day 1, followed by 300 mg IV 14 days later <input type="checkbox"/> Maintenance Dose: Infuse 600 mg IV every 6 months	<input type="checkbox"/> 2 Vials	NA					
<input type="checkbox"/> Ocrevus Zunovo	<input type="checkbox"/> 920 mg and 23,000 units/ 23 mL Vial	<input type="checkbox"/> Inject 920 mg/23,000 units SUBQ every 6 months	<input type="checkbox"/> 1 Vial						

Physician signature required

Product substitution permitted

X _____ Date _____

Dispense as written

X _____ Date _____

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

The information included in this FAX is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended addressee, nor authorized to receive for the intended addressee, you are hereby notified that you may not use, copy, disclose or distribute this information. If you have received this FAX in error, please contact the sender and destroy the entire document.

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

Physician signature required

Product substitution permitted

X _____ Date _____

Dispense as written

X _____ Date _____

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

The information included in this FAX is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended addressee, nor authorized to receive for the intended addressee, you are hereby notified that you may not use, copy, disclose or distribute this information. If you have received this FAX in error, please contact the sender and destroy the entire document.