ardon

Multiple Sclerosis Enrollment Form
Phone: 855-425-4085
Fax : 855-425-4096
ardonhealth.com

PATIENT INFORMATION

Patient Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ DOB: _____
Alternate Phone: _____ Gender: ☐ Male ☐ Female
Email: _____
Primary Language: _____
Height: _____ Weight: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____
State License #: _____ NPI #: _____
DEA #: _____
Group or Hospital: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Contact Person: _____ Phone: _____

INSURANCE INFORMATION: PLEASE FAX A COPY OF THE PRESCRIPTION & INSURANCE CARDS WITH THIS FORM, IF AVAILABLE (FRONT & BACK)

CLINICAL

Need By Date: | **Ship to**: ☐ Patient ☐ Physician ☐ Other:

Date of Diagnosis: ☐ Clinically Isolated Syndrome ☐ Relapsing-Remitting ☐ Secondary Progressive ☐ Primary Progressive | Number of Relapses Last Year:

Diagnosis: G35 Multiple Sclerosis ☐ Other (ICD-10 Code):

Previous Disease-Modifying Therapy:

Current Medications:

Allergies: | **Is the patient new to therapy?** ☐ **Yes** ☐ **No**

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Aubagio	☐ 7 mg Tablet ☐ 14 mg Tablet	☐ Take 1 tablet by mouth once daily	☐ 30 Tablets	____
☐ Avonex	☐ 30 mcg/0.5 mL Prefilled Syringe ☐ 30 mcg/0.5 mL Pen	☐ **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	☐ 1 Kit = 4 PFS ☐ 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:** 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	☐ 1 Kit = 14 Devices	____
		☐ Inject 0.25 mg (1 mL) SUBQ every other day		
☐ Copaxone ☐ Glatopa ☐ Glatiramer acetate	☐ 20 mg/mL Prefilled Syringe ☐ 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	____
☐ Extavia	☐ 0.3 mg Vial	☐ **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	☐ 1 Kit = 15 devices	____
		☐ Inject 0.25 mg (1 mL) SUBQ every other day		
☐ Gilenya ☐ 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 *1/*1, *1/*2, and *2/*2 ☐ 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 *1/*3 or *2/*3* ☐ 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	____

PHYSICIAN SIGNATURE REQUIRED

X _____ (Date)
DISPENSE AS WRITTEN

X _____ (Date)
PRODUCT SUBSTITUTION PERMITTED

Ancillary supplies and kits provided as needed for administration

Date Needed: _____ Medication Start Date: _____

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MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ 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		____
☐ Plegridy SUBQ	☐ Titration Pack Prefilled Syringe ☐ 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 ☐ 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 ☐ Titration Pack Rebidose Autoinjector	☐ **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	☐ 1 Titration Kit = six 8.8 mcg + six 22 mcg syringes or autoinjectors	NA
		☐ **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		
	☐ 22 mcg Prefilled Syringe ☐ 22 mcg Rebidose Autoinjector ☐ 44 mcg Prefilled Syringe ☐ 44 mcg Rebidose Autoinjector	☐ Inject 22 mcg SUBQ 3 times weekly	☐ 12 Pen/PFS	____
		☐ Inject 44 mcg SUBQ 3 times weekly		
		☐ Other _____		
☐ Tecfidera ☐ 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) ☐ 240 mg DR Capsule	☐ Take 240 mg by mouth 2 times daily	☐ 60 Capsules	____
		☐ 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) ☐ Titration Pack (37-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	____

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x _____ (Date) DISPENSE AS WRITTEN

x _____ (Date) PRODUCT SUBSTITUTION PERMITTED

Ancillary supplies and kits provided as needed for administration

Date Needed: _____ Medication Start Date: _____

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