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	☐ 7mg ☐ 14mg	☐ Take 1 tab PO daily	☐ 30	____
☐ Avonex PFS ☐ Avonex Pen	☐ 30mcg	☐ **Titration Dosing (PFS):** Week 1: Inject 7.5mcg IM Week 2: Inject 15mcg IM Week 3: Inject 22.5mcg IM Week 4: Start injecting 30mcg IM once a week	☐ 1 Kit = 4 PFS ☐ 1 Kit = 4 Pens	____
		☐ Inject 30mcg IM once a week		
☐ Betaseron	☐ 0.3mg	☐ **Titration Dosing:** Weeks 1–2: Inject 0.0625mg (0.25mL) SQ QOD Weeks 3–4: Inject 0.125mg (0.5mL) SQ QOD Weeks 5–6: Inject 0.1875mg (0.75mL) SQ QOD Week 7: Start injecting 0.25mg (1mL) SQ QOD	☐ 1 Kit = 14 Devices	____
		☐ Inject 0.25mg (1mL) SQ every other day		
☐ Copaxone PFS ☐ Glatopa PFS ☐ Glatiramer acetate PFS	☐ 20mg ☐ 40mg	☐ Inject 20mg SQ daily	☐ 1 Kit = 30 PFS	____
		☐ Inject 40mg SQ 3 times a week	☐ 1 Kit = 12 PFS	
		☐ Other _____		
☐ Dalfampridine	☐ 10mg Tab	☐ Take 1 tablet PO twice daily approximately 12 hours apart	☐ 60	____
☐ Extavia	☐ 0.3mg	☐ **Titration Dosing:** Weeks 1–2: Inject 0.0625mg (0.25mL) SQ QOD Weeks 3–4: Inject 0.125mg (0.5mL) SQ QOD Weeks 5–6: Inject 0.1875mg (0.75mL) SQ QOD Week 7: Start injecting 0.25mg (1mL) SQ QOD	☐ 1 Kit = 15 devices	____
		☐ Inject 0.25mg (1mL) SQ every other day		
☐ Gilenya	☐ 0.5mg Cap	☐ Take 1 cap PO daily	☐ 30	____
☐ Kesimpta Pen	☐ 20mg/0.4 mL	☐ **Initial Dose:** Inject 20mg SQ on day 1, day 8, and day 15, followed by 20mg SQ once monthly starting on day 29	☐ 3 Pens	NA
		☐ Inject 20mg SQ once monthly	☐ 1 Pen	____

PHYSICIAN SIGNATURE REQUIRED

x _____ x _____

DISPENSE AS WRITTEN (Date) PRODUCT SUBSTITUTION PERMITTED (Date)

Ancillary supplies and kits provided as needed for administration

Date Needed: _____ Medication Start Date: _____

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Alternate Phone: _____ Gender: ☐ Male ☐ Female
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☐ Mayzent	CYP2C9 Genotype *1/*1, *1/*2, and *2/*2 ☐ Titration Pack (5-day)	☐ **Titration Dosing:** 0.25mg PO day 1-2, 0.5mg day 3, 0.75mg day 4, 1.25mg day 5, followed by 2mg daily thereafter	☐ 1 Titration Kit	NA
	☐ 2mg Tab	☐ Take 2mg PO daily	☐ 30	____
	CYP2C9 Genotype *1/*3 or *2/*3*1/*3 ☐ 0.25mg Tab	☐ **Titration Dosing:** 0.25mg PO day 1-2, 0.5mg day 3, 0.75mg day 4, followed by 1mg daily thereafter	☐ 112	____
		☐ Take 1mg PO daily		
☐ Ocrevus	☐ 300mg/10mL	☐ **Initial Dose:** Infuse 300mg IV on day 1, followed by 300mg IV 2 weeks later	☐ 2 SDV	____
		☐ **Maintenance Dose:** Infuse 600mg IV every 6 months		
☐ Plegridy SQ PFS ☐ Plegridy SQ Autoinjector	☐ Titration Pack ☐ 125mcg/0.5mL	☐ **Titration Dose:** Inject 63mcg SQ on day 1, 94mcg on day 15, 125mcg on day 29 and every 14 days thereafter	☐ 1 Titration Kit = 2 Pen/PFS ☐ 2	____
		☐ Inject 125mcg SQ every 14 days		
☐ Plegridy IM PFS	☐ 125mcg/0.5mL	☐ **Titration Dose:** Inject 63mcg IM on day 1, 94mcg on day 15, 125mcg on day 29 and every 14 days thereafter	☐ 1 Kit = 2 PFS	____
		☐ Inject 125mcg IM every 14 days		
☐ Rebif PFS ☐ Rebif Rebidose Autoinjector	☐ Titration Pack	☐ **Titration to 22mcg dose** (PFS only): Weeks 1-2: Inject 4.4mcg SQ 3 times a week Weeks 3-4: Inject 11mcg SQ 3 times a week Week 5: Start injecting 22mcg SQ 3 times a week	☐ 1 Titration Kit = six 8.8mcg + six 22mcg syringes or autoinjectors	0
		☐ **Titration to 44mcg dose:** Weeks 1–2: Inject 8.8mcg SQ 3 times a week Weeks 3–4: Inject 22mcg SQ 3 times a week Week 5: Start injecting 44mcg SQ 3 times a week		
☐ Rebif PFS ☐ Rebif Rebidose Autoinjector	☐ 22mcg ☐ 44mcg	☐ Inject 22mcg SQ 3 times a week	☐ 12	____
		☐ Inject 44mcg SQ 3 times a week		
		☐ Other _____		

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☐ Tecfidera ☐ Dimethyl Fumarate	☐ Starter Kit ☐ 120mg DR Cap (dispensed in multiples of #14) ☐ 240mg DR Cap	☐ **Titration Dose:** Take 120mg PO twice daily for 7 days, then take 240mg twice daily thereafter ☐ Take 240mg PO twice daily ☐ Other _____	☐ 1 Starter Kit (60 caps) ☐ 60 ☐ Other _____	____
☐ Vumerity	☐ 231mg DR Cap	☐ **Titration Dose:** Take 231mg PO twice daily for 7 days, then take 462mg twice daily thereafter ☐ Take 462mg PO twice daily ☐ Other _____	☐ 106 Caps (titration) ☐ 120 _____	NA ____ ____
☐ Zeposia	☐ Titration Pack (7-day) ☐ Titration Pack (37-day) ☐ 0.92mg Cap	☐ **Titration Dose**: 0.23mg PO day 1-4, 0.46mg day 5-7, followed by 0.92mg daily thereafter ☐ Take 0.92mg PO daily	☐ 1 Titration Kit ☐ 30	NA ____

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