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
E-mail: _____
Last Four of SS #: _____ Primary Language: _____
Height: _____ Weight: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____
State License #: _____ NPI #: _____
DEA #: _____
Group or Hospital: _____
Address: _____
City, State Zip: _____ 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: **Diagnosis:** 340 Multiple Sclerosis	☐Relapsing Remitting ☐Primary Progressive ☐Progressive - Relapsing ☐Secondary Progressive with Relapses ☐Secondary Progressive w/o Relapses ☐Other (ICD-9 Code):	Number of Relapses Last Year:
Previously Failed Medications:		
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.	☐ 28	☐
☐ Avonex PFS ☐ Avonex Pen	☐ 30mcg	☐ **Titration Dosing (SDV or PFS):** Week 1: Inject 7.5mcg IM. Week 2: Inject 15mcg IM. Week 3: Inject 22.5mcg. Week 4: Start injecting 30mcg once a week. ☐ Inject 30mcg IM once a week.	☐ 1 Kit = 4 PFS ☐ 1 Kit = 4 SDV ☐ 1 Kit = 4 Pens	☐
☐ 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. ☐ Inject 0.25mg (1ml) every other day.	☐ 1 Kit = 14 devices	☐
☐ Copaxone PFS ☐ Glatopa PFS ☐ Glatiramer acetate PFS	☐ 20mg ☐ 40mg	☐ Inject 20mg SQ daily. ☐ Inject 40mg SQ 3 times a week. ☐ Other	☐ 1 Kit = 30 PFS ☐ 1 Kit = 12 PFS	☐
☐ 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. ☐ Inject 0.25mg (1ml) every other day.	☐ 1 kit = 15 devices	☐
☐ Gilenya	☐ 0.5mg Cap	☐ Take 1 cap PO daily.	☐ 28 ☐ Other	☐

PHYSICIAN SIGNATURE REQUIRED

X _____
DISPENSE AS WRITTEN (Date)

X _____
PRODUCT SUBSTITUTION PERMITTED (Date)

Ancillary supplies and kits provided as needed for administration

Date Needed: _____ Medication Start Date: _____

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Patient Name:
Address:
City: State: Zip:
Primary Phone: DOB:
Alternate Phone: Gender: ☐Male ☐Female
E-mail:
Last Four of SS #: Primary Language:
Height: Weight:

PRESCRIBER INFORMATION

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

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CLINICAL

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

Date of Diagnosis:
Diagnosis: 340 Multiple Sclerosis
☐Relapsing Remitting ☐Primary Progressive ☐Progressive - Relapsing ☐Secondary Progressive with Relapses
☐Secondary Progressive w/o Relapses ☐Other (ICD-9 Code):
Number of Relapses Last Year:

Previously Failed Medications:

Current Medications:

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

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Ocrevus	☐ 300mg/10mL	☐ **Initial Dose:** Infuse 300mg IV on day 1, followed by 300mg IV 2 weeks later. ☐ **Maintenance Dose:** Infuse 600mg IV every 6 months.	☐ 2 SDV	☐
☐ Plegridy PFS ☐ Plegridy 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. ☐ Inject 125mcg SQ every 14 days.	☐ 1 Titration Kit = 2 Pen/PFS ☐ 2	☐
☐ Rebif Titration Pack ☐ Rebif Rebidose Titration Pack	☐ Titration Pack ☐ 22mcg ☐ 44mcg	☐ **Titration to 22mcg 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. ☐ **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.	☐ 1 Titration Kit = six 8.8mcg+ six 22mcg Syringes	☐
☐ Rebif PFS ☐ Rebif Rebidose Autoinjector	☐ 22mcg ☐ 44mcg	☐ Inject 22mcg SQ 3 times a week. ☐ Inject 44mcg SQ 3 times a week. ☐ Other	☐ 12	☐
☐ Tecfidera	☐ Starter Kit ☐ 120mg DR cap ☐ 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	☐

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x _____ (Date)
DISPENSE AS WRITTEN

x _____ (Date)
PRODUCT SUBSTITUTION PERMITTED

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Date Needed: _____ Medication Start Date: _____