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New/Changed Dose

Multiple Sclerosis (H-P)

Kesimpta®, Mayzent®, Plegridy™, Ponvory™

Prescriber Information												
Prescriber Name:					ME	DO DO	NP	PA	NPI:			
Office Contact:				Practice Name	/ Collaboratin	ng MD:						
Address:			City: State:							Zip:		
Phone:	Fax:											
Patient Information • PLEASE SE	ND COPY OF INSURANCE O	CARD										
Patients Name:	Las	st 4 Digits of SS#:		DOB: / /	Sex:	M F	Weigh	nt:	Height:	Di	iabetic?	Y N
Office Contact:		Practice Name	/ Collaboratin	ng MD:								
Address:			City: State:				State:		Zip:			
Home Phone: Work/Cell:			HIPAA Contact: Emerg					ency #:				
Interpreter Needed? Y N Allergies: Y N If Yes, list allergies:												
Insurance Information												
Primary Insurance:		Policy ID:		Group #: BIN:					PCN:			
Policyholder Name:		Policyholder DO	B: /	/								
Clinical Information • PLEASE SE	END COPY OF MEDICAL AN	D PRESCRIPTION II	NSURANCE CA	RDS, PROGRESS NOT	TES AND LA	B REPORTS.	, SUPP	ORTING DIAGN	NOSIS, CO-MO	RBIDITIES	S AND LAB	VALUES
Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES ICD-10/Diagnosis Code: Multiple Sclerosis (G35) Other: Has patient been previously treated for this condition? Y N											N	
· ·		ng-Remitting Pri	mary Progressive	e Secondary Progre	essive		•	<u> </u>				
Prior failed medication (medication and c	· ·		., ., .,									
,	Medication(s):				Wil	I natient he s	stonning	g above medical	tion before star	rting new th	nerany?	Y N
Discontinuation Date: / /	Is prescriber a Neurologist	t2 If no include nour	alogy consult if a	available Y N	Other:	- patient be a	ooppiii	S above medical	don before star	tang new a	тогару .	
Number of relapses in past year:		//RI Date: /				ont nursing	or plan	ning prognancy	? Y N	NI/A		
Serum Creatinine:	Last IVI	ini Date. / /	/ Any char			iani, nursing	or plan	ning pregnancy	? Y N	N/A		
				Creatinine Cl	learance:							
Prescription Information	Dogo (Stron	acrible.			Cia .				Quar	414.,	Do	efills
Medication Dose/Strength		Sig								n.e	iiiis	
		-	Ctt D	Inia at 4 (00)		0.4						
KESIMDTA®	20mg/0.4ml pop		Starter Dos	se: Inject 1 pen (20mg) : 4.		0, 1 and 2. Be	egin ma	aintenance			No F	Refills
KESIMPTA®	20mg/0.4ml pen		dose at week 4	4.	SQ at weeks (egin ma	aintenance	28 Day		No F	Refills
KESIMPTA®	20mg/0.4ml pen		dose at week 4	4. ce Dose: Inject 1 pen (2	SQ at weeks (nthly					No F	Refills
KESIMPTA® MAYZENT®	20mg/0.4ml pen Starter Pack (for 1mg ma	aintenance dose)	Maintenand Starter Dos	4.	SQ at weeks (20mg) SQ mo	enthly ays 1 & 2,the	n 2 tabl	lets daily on		Supply		Refills
	Starter Pack (for 1mg ma	aintenance dose)	Maintenand Starter Dos day 3, then 3 to	4. ce Dose: Inject 1 pen (2 se: Take 1 tablet by mouablets daily on day 4. B	SQ at weeks (20mg) SQ mo	enthly ays 1 & 2,then ance dose or	n 2 tabl	lets daily on	28 Day	Supply		
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MAYZENT®	Starter Pack (for 1mg ma		Maintenand Starter Dos day 3, then 3 to Maintenand Starter Dos	4. ce Dose: Inject 1 pen (2 se: Take 1 tablet by mou ablets daily on day 4. B ce Dose: Take 1 tablet l se: Take 1 tablet by mou ablets daily on day 4, th	SQ at weeks (20mg) SQ mouth daily on dailegin mainten by mouth dail	ays 1 & 2, there ance dose or	n 2 tabl n day 5. en 2 tab	lets daily on	28 Day 1 Pack	Supply supply supply	No F	
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MAYZENT® 1mg daily dosing MAYZENT®	Starter Pack (for 1mg ma 1mg tablet Starter Pack (for 2mg ma		Maintenand Starter Dos day 3, then 3 to Maintenand Starter Dos day 3, then 3 to dose on day 6.	4. ce Dose: Inject 1 pen (2 se: Take 1 tablet by mou ablets daily on day 4. B ce Dose: Take 1 tablet I se: Take 1 tablet by mou ablets daily on day 4, th	SQ at weeks (20mg) SQ mouth daily on dailegin mainten by mouth dail with daily on dailen 5 tablets (20mg) SQ at weeks (20mg) SQ	anys 1 & 2, then ance dose or by ays 1 & 2, the ance dose or by ays 1 & 2, the daily on day 5	n 2 tabl n day 5. en 2 tab	lets daily on	28 Day 1 Pack 30 day 90 day 1 Pack	Supply supply supply supply	No F	Refills
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MAYZENT® 1mg daily dosing MAYZENT® 2mg daily dosing	Starter Pack (for 1mg ma 1mg tablet Starter Pack (for 2mg ma 2mg tablet Starter Pack: Prefilled syringe (1x63mcg/0.5ml, 1x94r Autoinjector pen (1x63mcg/0.5ml, 1x94r 125mcg/0.5ml, 1x94r	aintenance dose) mcg/0.5ml) mcg/0.5ml)	Maintenand Starter Dos day 3, then 3 to Maintenand Starter Dos day 3, then 3 to dose on day 6. Maintenand Inject 63mo	4. ce Dose: Inject 1 pen (2 se: Take 1 tablet by mou ablets daily on day 4. B ce Dose: Take 1 tablet l se: Take 1 tablet by mou ablets daily on day 4, th ce Dose: Take 1 tablet l	SQ at weeks (20mg) SQ mouth daily on da	anys 1 & 2, then ance dose or by anys 1 & 2, then and any 5 and any 5 by 14	n 2 tabi n day 5. en 2 tab	lets daily on	1 Pack 30 day 90 day 1 Pack 30 day 90 day Titration 28 day Maintenar	Supply supply supply supply supply supply supply supply supply	No F	Refills
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MAYZENT® 1mg daily dosing MAYZENT® 2mg daily dosing	Starter Pack (for 1mg main 1mg tablet Starter Pack (for 2mg main 2mg tablet Starter Pack: Prefilled syringe (1x63mcg/0.5ml, 1x94r Autoinjector pen (1x63mcg/0.5ml, 1x94r 125mcg/0.5ml autoinjector Pack) Starter Pack	aintenance dose) mcg/0.5ml) mcg/0.5ml)	Maintenand Starter Dos day 3, then 3 to Maintenand Starter Dos day 3, then 3 to dose on day 6. Maintenand Dose Titration Inject 63mod Maintenand Starter Dos Starter Dos	4. ce Dose: Inject 1 pen (2 se: Take 1 tablet by mou ablets daily on day 4. B ce Dose: Take 1 tablet l se: Take 1 tablet by mou ablets daily on day 4, th ce Dose: Take 1 tablet l se: Take 1 tablet l ce Dose: Take 1 tablet l ce Dose: Take 1 tablet l ce Dose: Take 1 tablet l se: Follow titration sched	SQ at weeks of 20mg) SQ mo at the daily on daily	anys 1 & 2, then ance dose or by anys 1 & 2, the daily on day 5 by 4 days, starting with 1	n 2 tabl n day 5. en 2 tab is. Begin	lets daily on	1 Pack 30 day 90 day 1 Pack 30 day 90 day Titration 28 day Maintenar 28 day 1 Pack	Supply supply supply supply supply supply supply supply supply	No F	Refills
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Substitution Permitted Dispense as Written