

Multiple Sclerosis (H-P)

Kesimpta®, Mayzent®, Plegridy™, Ponvory™

Prescriber Information										
Prescriber Name:						MD	DO N	P PA	NPI:	
Office Contact:	Practice Name / 0			ollaborating MD:						
Address:			City:	1	1			State:	Z	Zip:
Phone:	Fax:							I	I	
Patient Information • PLEASE SEND COPY OF INSURANCE CARD										
Patients Name:		Last 4 Digits of SS#:		DOB:	/ /	Sex: M	F W	/eight:	Height:	Diabetic? Y N
Office Contact:				Prac	ctice Name / Coll	aborating MD):			
Address:		City: State:					Z	Zip:		
Home Phone:	Work/Cell:				AA Contact:	Emerge				
Interpreter Needed? Y N Allergies: Y N If Yes, list allergies:										
Insurance Information										
Primary Insurance:		Policy ID:		Group #	# •		BIN:		PCN:	
Policyholder Name:					cyholder DOB:	/ /				
Policyholder Name: Policyholder DDB: / / 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 Trac: Clinically isolated condense Pelapsing Pergraphics Secondary Pergraphics Secondary Pergraphics										
Type: Clinically isolated syndrome Relapsing-Remitting Primary Progressive Secondary Progressive Detective field and factors of detection of the state and detection										
Prior failed medication (medication and duration of treatment/reason for d/c):										
Patient currently on therapy? Y N Medication(s): Will patient be stopping above medication before starting new therapy? Y N										
Discontinuation Date: / / Is prescriber a Neurologist? If no, include neurology consult if available Y N Other.										
Number of relapses in past year: Last MRI Date: / Any changes? Y N Is patient pregnant, nursing or planning pregnancy? Y N N/A										
Serum Creatinine:				С	Creatinine Clearar	nce:				
Prescription Information										
Medication Dose/S		ength			Sig				Quantity	Refills
	20mg/0.4ml pen		Starter Dose: Inject 1 pen (20mg) SQ at weeks 0, 1 and 2. Begin maintenance dose at week 4.							No Refills
KESIMPTA®			dose at week 4. Maintenance Dose: Inject 1 pen (20mg) SQ monthly					28 Day Sup	ply	
			Maintenar	ice Dose: Inj	iject 1 pen (20mg	g) SQ monthly				
MAVZENIT®	Starter Pack (for 1mg maintenance dose)		Starter Dose: Take 1 tablet by mouth daily on days 1 & 2, then 2 tablets daily on day 3, then 3 tablets daily on day 4. Begin maintenance dose on day 5.					1 Pack	No Refills	
MAYZENT® 1mg daily dosing	1mg tablet		day 3, then 3 tablets daily on day 4. Begin maintenance dose on day 5.					20 day and		
2mg daily dooling			Maintenance Dose: Take 1 tablet by mouth daily						30 day su 90 day su	
		Starter Dose: Take 1 tablet by mouth daily on days 1 & 2, then 2 tablets daily on								
MAYZENT®	Starter Pack (for 2m	day 3, then 3 tablets daily on day 4, then 5 tablets daily on day 5. Begin maintenance					1 Pack	No Refills		
2mg daily dosing		dose on day 6.								
		Maintenance Dose: Take 1 tablet by mouth daily								
	2mg tablet		Maintenar	ice Dose: Ta	ake 1 tablet by mo	outh daily			30 day sup	
	_		Maintenar	ice Dose: Ta	ake 1 tablet by mo	outh daily			30 day sup 90 day sup	
	2mg tablet Starter Pack: Prefilled syringe				ake 1 tablet by mo	outh daily			90 day sup	pply
	Starter Pack: Prefilled syringe (1x63mcg/0.5ml, 1	x94mcg/0.5ml)	Dose Titration	<u>n:</u>	ake 1 tablet by mo					se: No Refills
PLEGRIDY™	Starter Pack: Prefilled syringe		Dose Titration	<u>n:</u>					90 day sup	se: No Refills
PLEGRIDY™	Starter Pack: Prefilled syringe (1x63mcg/0.5ml, 1 Autoinjector pen		Dose Titration	<u>n:</u> cg SQ on day	y 1 and 94mcg SG	Q on day 14			90 day sup	se: No Refills
PLEGRIDY™	Starter Pack: Prefilled syringe (1x63mcg/0.5ml, 1 Autoinjector pen (1x63mcg/0.5ml, 1	x94mcg/0.5ml)	Dose Titration	<u>n:</u> cg SQ on day		Q on day 14	s, starting c	n day 29	90 day sup Titration Doc 28 day supp	se: No Refills Dose:
PLEGRIDY™	Starter Pack: Prefilled syringe (1x63mcg/0.5ml, 1 Autoinjector pen (1x63mcg/0.5ml, 1 125mcg/0.5ml PFS	x94mcg/0.5ml)	Dose Titration Inject 63m Maintenar	n: cg SQ on day nce Dose: Inj	y 1 and 94mcg SG	Q on day 14 every 14 days			90 day sur Titration Do: 28 day supp Maintenance I	se: No Refills Dose:
PLEGRIDY [™] PONVORY [™]	Starter Pack: Prefilled syringe (1x63mcg/0.5ml, 1 Autoinjector pen (1x63mcg/0.5ml, 1 125mcg/0.5ml PFS 125mcg/0.5ml auto	x94mcg/0.5ml)	Dose Titration Inject 63m Maintenar	n: cg SQ on day nce Dose: Inj	y 1 and 94mcg St	Q on day 14 every 14 days			90 day sup Titration Doc 28 day supp Maintenance I 28 day supp 1 Pack	se: ply No Refills Dose: ply No Refills
	Starter Pack: Prefilled syringe (1x63mcg/0.5ml, 1 Autoinjector pen (1x63mcg/0.5ml, 1 125mcg/0.5ml PFS 125mcg/0.5ml auto	x94mcg/0.5ml)	Dose Titration Inject 63m Maintenar Starter Do	n: cg SQ on day nce Dose: Inj se: Follow titu	y 1 and 94mcg St	Q on day 14 every 14 days			90 day sup Titration Do: 28 day sup Maintenance I 28 day sup 1 Pack 30 day sup	se: No Refills Dose: ply No Refills No Refills
PONVORY™	Starter Pack: Prefilled syringe (1x63mcg/0.5ml, 1 Autoinjector pen (1x63mcg/0.5ml, 1) 125mcg/0.5ml PFS 125mcg/0.5ml auto Starter Pack	x94mcg/0.5ml)	Dose Titration Inject 63m Maintenar Starter Do	n: cg SQ on day nce Dose: Inj se: Follow titu	y 1 and 94mcg So ject 125mcg SQ o tration schedule c	Q on day 14 every 14 days			90 day sup Titration Doc 28 day supp Maintenance I 28 day supp 1 Pack	se: No Refills Dose: ply No Refills No Refills
PONVORY [™] Injection Training	Starter Pack: Prefilled syringe (1x63mcg/0.5ml, 1 Autoinjector pen (1x63mcg/0.5ml, 1) 125mcg/0.5ml PFS 125mcg/0.5ml auto Starter Pack	x94mcg/0.5ml) injector	Dose Titration Inject 63m Maintenar Starter Do Maintenar	n: cg SQ on day nce Dose: Inj se: Follow titu nce Dose: Ta	y 1 and 94mcg So ject 125mcg SQ o tration schedule o ake 1 tablet by mo	Q on day 14 every 14 days	ng with Day	1	90 day sup Titration Do 28 day sup Maintenance I 28 day sup 1 Pack 30 day sup 90 day sup	se: No Refills Dose: ply No Refills No Refills
PONVORY [™] Injection Training Patient received injection training	Starter Pack: Prefilled syringe (1x63mcg/0.5ml, 1 Autoinjector pen (1x63mcg/0.5ml, 1 125mcg/0.5ml auto 125mcg/0.5ml auto Starter Pack 20mg tablets	x94mcg/0.5ml) injector Prescriber's off	Dose Titration Inject 63m Maintenar Starter Do Maintenar	n: cg SQ on day nce Dose: Inj se: Follow titu nce Dose: Ta ection trainin	y 1 and 94mcg St ject 125mcg SQ o tration schedule o ake 1 tablet by mo	Q on day 14 every 14 days on pack startin outh daily	ng with Day Meije	1 to coordinate inject	90 day sup Titration Do: 28 day sup 28 day sup 1 Pack 30 day sup 90 day sup	se: No Refills Dose: ply No Refills Doyly No Refills
PONVORY [™] Injection Training	Starter Pack: Prefilled syringe (1x63mcg/0.5ml, 1 Autoinjector pen (1x63mcg/0.5ml, 1 125mcg/0.5ml auto 125mcg/0.5ml auto Starter Pack 20mg tablets	x94mcg/0.5ml) injector Prescriber's off	Dose Titration Inject 63m Maintenar Starter Do Maintenar	n <u>:</u> cg SQ on day nce Dose: Inj se: Follow titu nce Dose: Ta ection trainin ur prior autho	y 1 and 94mcg St ject 125mcg SQ o tration schedule o ake 1 tablet by mo	Q on day 14 every 14 days on pack startin outh daily ted agent in d	ng with Day Meije	1 to coordinate inject	90 day sup Titration Do: 28 day sup 28 day sup 1 Pack 30 day sup 90 day sup	se: No Refills Dose: ply No Refills Dose: ply No Refills Doply Dop

Substitution Permitted

Dispense as Written