

New/Changed Dose**Multiple Sclerosis (H-P) Kesimpta®, Mayzent®, Plegridy™, Ponvory™****Prescriber Information**

Prescriber Name _____ MD DO NP PA NPI _____
 Office Contact _____ Practice Name / Collaborating MD _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patient's Name _____ Last 4 Digits of SS# _____ DOB / /
 Sex M F Weight _____ Height _____ Diabetic? Y N
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work/Cell _____ HIPAA Contact _____
 Emergency # _____
 Interpreter Needed? Y N | Allergies Y N If Yes, list allergies _____

Insurance Information

Primary Insurance _____ Policy ID _____ Group# _____
 BIN _____ PCN _____
 Policyholder Name _____ Policyholder DOB / /

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

Type _____ Clinically isolated syndrome Relapsing-Remitting Primary Progressive
 Secondary Progressive

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 _____ Creatinine Clearance _____

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
KESIMPTA®	20 mg/0.4 ml pen	Starter Dose: Inject 1 pen (20 mg) SQ at weeks 0, 1 and 2. Begin maintenance dose at week 4.	28 Day Supply	No Refills
		Maintenance Dose: Inject 1 pen (20 mg) SQ monthly		
MAYZENT® 1 mg daily dosing	Starter Pack (for 1 mg 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
	1 mg tablet	Maintenance Dose: Take 1 tablet by mouth daily	30 day supply 90 day supply	
MAYZENT® 2 mg daily dosing	Starter Pack (for 2 mg 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, then 5 tablets daily on day 5. Begin maintenance dose on day 6.	1 Pack	No Refills
	2 mg tablet	Maintenance Dose: Take 1 tablet by mouth daily	30 day supply 90 day supply	
PLEGRIDY™	Starter Pack: Prefilled syringe (1x63 mcg/0.5 ml, 1x94 mcg/0.5 ml) Autoinjector pen (1x63 mcg/0.5 ml, 1x94 mcg/0.5 ml)	Dose Titration: Inject 63 mcg SQ on day 1 and 94 mcg SQ on day 14	Titration Dose: 28 day supply	No Refills
	125 mcg/0.5 ml PFS 125 mcg/0.5 ml autoinjector	Maintenance Dose: Inject 125 mcg SQ every 14 days, starting on day 29	Maintenance Dose: 28 day supply	
PONVORY™	Starter Pack	Starter Dose: Follow titration schedule on pack starting with Day 1	1 Pack	No Refills
	20 mg tablets	Maintenance Dose: Take 1 tablet by mouth daily	30 day supply 90 day supply	

Injection Training

Patient received injection training Prescriber's office to provide injection training
Community Memorial Healthcare to coordinate injection training

By signing this form and utilizing our services, you are authorizing Community Memorial Healthcare and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature _____

Substitution Permitted

Date _____

Prescriber Signature _____

Dispense as Written

Date _____

If brand is required, please write
"DAW" in the box to the right.