Multiple Sclerosis
Enrollment Form

Date: _____
Patient Name: _____
Date of Birth: _____
Diagnosis Date: _____

TwelveStone Health Partners

Fax Referral To:
(800) 223-4063

Direct Phone: (615) 278-3350
Toll Free: (844) 893-0012

TwelveStone HEALTH PARTNERS™

PREVIOUS ADMINISTRATION OF PRESCRIBED MULTIPLE SCLEROSIS THERAPY

If YES, please provide the following information:

Last infusion/injection date: _____

Next infusion/injection date: _____

If NO, please indicate desired location for first dose:

☐ Physician's office ☐ TwelveStone Home Infusion
☐ TwelveStone Infusion Suite ☐ Enroll in Manufacturer Nurse Training

Desired start date: _____

DIAGNOSIS

Description

Multiple Sclerosis - Other/Supporting Diagnosis
☐ Relapsing Remitting ☐ Clinically Isolated Syndrome
☐ Primary Progressive ☐ Secondary Progressive

ICD-10 Code

☐ G35
☐ Other ICD 10: _____

OTHER REQUIRED DOCUMENTATION (Please attach documents as needed)

☐ This signed order form ☐ History and Physical ☐ Patient Demographics and Insurance ☐ Clinical progress notes- relevant labs with dates, etc.

Number of relapses in past year:_____ Pregnant, Nursing or Planning Pregnancy? ☐Yes☐No Prior Failed Medication: ☐ Yes☐No

Last MRI Date:_____ Previously treated for this condition? ☐Yes☐No

Any MRI changes? ☐Yes☐No Currently on therapy?☐Yes☐No

Medication _____
Duration of Treatment _____
Reason for DC _____

First clinical episode of MS?☐Yes☐No; if yes are MRI features consistent with MS?☐Yes☐No Will current therapy be DC'd prior to starting new therapy?__ Yes☐No: DC date_____

Patient Weight: _____ Kg/Lbs Height: _____ Inches/CM BSA: _____ Allergies: _____

MEDICATION	DOSE	DIRECTIONS	QTY	REFILLS
☐ Avonex	☐ Pen ☐ Pre-filled Syringe	☐ Titration - (PFS only and requires Avostartgrip kit) Inject IM 7.5mcg week 1, 15mcg week 2, 22.5mcg week 3, and 30mcg weekly thereafter --- ☐ Maintenance - Inject IM 30mcg weekly	28 day --- 28 day	0 ---
☐ Betaseron	☐ 0.3 mg	☐ Titration – Inject 0.25 ml SQ every other day for weeks 1-2, 0.5ml weeks 3-4, 0.75 ml weeks 5-6, and 1 ml week 7 and thereafter --- ☐ Inject 1ml every other day	56 day --- 28 day	
☐ Copaxone	☐ 20 mg PFS --- ☐ 40 mg PFS	☐ Inject SQ once daily ☐ Inject SQ 3 times weekly at least 48 hours apart, on the same 3 days each week		
☐ Dalfampridine (Ampyra)		Take by mouth twice daily 12 hrs apart		
☐ Dimethyl fumarate (Tecfidera)	☐ 14 x 120mg capsules ☐ 46 x 240mg capsules	☐ Induction – Take 120mg by mouth twice daily for 7 days, then take 240mg twice daily --- ☐ Maintenance – Take 1 capsule (240mg) by mouth twice a day		0 ---
☐ Extavia	0.3 mg	☐ Titration – Inject 0.25 ml SQ every other day for weeks 1-2, 0.5ml weeks 3-4, 0.75 ml weeks 5-6, and 1 ml week 7 and thereafter --- ☐ Inject 1ml every other day	56 day --- 28 day	0 ---
☐ Gilenya	0.5 mg capsule	Take 1 tablet daily		
☐ Glatopa	☐ 20 mg PFS --- ☐ 40 mg PFS	☐ Inject SQ once daily --- ☐ Inject SQ 3 times weekly (inject on the same days of each week)	--- 28 day	

MEDICATION	DOSE	DIRECTIONS	QTY	REFILLS
☐ Kesimpta	☐ 20mg/0.4ml PF Pen ☐ 20mg/0.4ml PF Syringe	Induction – Inject 20mg SQ on week 0, 1, and 2 Maintenance – Inject 20mg SQ once monthly starting on week 4	28 day	
☐ Ocrevus	300mg vial	☐ Start – Infuse IV over 2.5 hours 300mg day 1 and day 15. ☐ Maintenance – Infuse 600mg IV over 3.5 hours every 6 months	6 month	
☐ Plegridy	☐ Starter Pack PFS ☐ Starter Pack Pen ☐ 125mcg PFS ☐ 125mcg Pen	☐ Titration - Inject 63mcg SQ on day 1, 94mcg SQ on day 15, and 125mcg SQ on day 29 ☐ Maintenance - Inject 125mg SQ every 14 days		
☐ Rebif	☐ PFS Titration Kit ☐ Rebidose Titration Kit --- ☐ PFS 22mcg ☐ PFS 44mcg ☐ Rebidose 22mcg ☐ Rebidose 44mcg	☐ Inject SQ 3 times weekly – 4.4mcg weeks 1-2, 11mcg weeks 3-4, 22mcg week 5 and thereafter ☐ Inject SQ 3 times weekly – 8.8mcg weeks 1-2, 22mcg weeks 3-4, 44mcg week 5 and thereafter --- ☐ Inject SQ 3 times weekly		
☐ Vumerity	231mg Capsules	☐ Induction – Take 1 capsule (231mg) twice daily for 7 days then take 2 capsules (462mg) twice daily thereafter --- ☐ Maintenance – Take 2 capsules (462mg) twice daily	Starter dose bottle	
☐ Zeposia	☐ 7 Day Starter Pack ☐ 37 Day Starter Kit ☐ 0.92 mg Capsule	☐ Starter – Take 0.23mg daily on Days 1-4, take 0.46mg daily on Days 5-7, and 0.92mg daily thereafter ☐ Maintenance – Take 1 capsule (0.92mg) by mouth daily		

By signing below, I certify that above therapy is medically necessary. Prescriber's Signature (SIGN BELOW)

Physician's Phone:_____ Physician's NPI:_____

Physician's Fax: _____ Physician's Address: _____

Dispense as written: _____ Date: _____

Printed name: _____ Substitution allowed:_____