### **Multiple Sclerosis Enrollment Form A-E**

#### **TwelveStone Health Partners**

Fax Referral To: (800) 223-4063

Email: intake@12stonehealth.com



Direct Phone: (615) 278-3350 Patient Name:\_\_\_ Toll Free: (844) 893-0012 Date of Birth

Jale of birth:		101111ee. (044) 0.	75 001Z			
		DIAGNOSIS				
☐ Relapsing	g Remitting	linically Isolated Syndrome	□ G35:			
☐ Primary F	Progressive   So	econdary Progressive	☐ Other:			
		PREVIOUS ADMINIST	RATION			
		nt currently on therapy?_	Yes No			
	ase provide the following in	formation:	If NO, please indicate desired location f	or delivery of f	irst dose:	
Medication:		☐ Physician's Office				
		□ Patient's Home				
Duration of Treatment:		☐ Enroll in Manufacturer Nurse Tra	ining			
	:	Desired Start Date:				
Will Current Therapy be D	OC'd proir to starting new th	erapy: Yes No			<u>.</u>	
CLINICAL I	INFORMATION & OTHER	R REQUIRED DOCUMEN	TATION- (Please attach documents a	s needed)		
☐ History and	d Physical	☐ Patient [	Demographics and Insurance Information	1		
•	d Order Form	□ Pregnan	t, Nursing or Planning Pregnancy: Yes _	No		
•	d Medication:	_ □ Clinical I	Progress Notes, Relevant Labs with date	s. etc.		
□ Number of	Relapses in Past Year:					
			/es No □ Any MRI Chang	jes: Yes	No	
			consistent with MS: Yes No			
			M   BSA:   Allergies:			
	1					
MEDICATION	DOSE		DIRECTIONS requires Avostartgrip kit) Inject IM 7.5mcg	QUANTITY	REFILLS	
□ AVONEX	□ Pen	Titration- (PFS only and r week 1,15mcg week 2, 2	28 Day	0		
	☐ Pre-filled Syringe	☐ Maintenance- Inject IM 3	Omcg weekly	28 Day		
□ BETASERON		☐ Titration- Inject 0.25ml SQ every other day for weeks 1-2, 0.5ml weeks 3-4, 0.75ml weeks 5-6, and 1ml week 7 and thereafter		56 Day		
	□ 0.3mg Vial	☐ Inject 1ml SQ every othe	28 Day			
		, , ,				
T CODAYONE	□ 20mg PFS	☐ Inject SQ once daily				
☐ COPAXONE	☐ 40mg PFS	Inject SQ 3 times weekly each week	at least 48 hours apart, on the same 3 days			
□ DALFAMPRIDINE	□ 10mg Tablet	☐ Take one tablet by mouth	twice daily 12 hours apart			
(Ampyra)						
	☐ 30-day Starter Pack	D T' (' T   100				
□ DIMETHYLFUMARATE (Tecfidera)	(14 x 120mg Capsules)	Titration- Take 120mg by 240mg twice daily	mouth twice daily for 7 days, then take		0	
	(46 x 240mg Capsules)					
	☐ 14 x 120mg capsules ☐ 60 x 240mg capsules	☐ Maintenance- Take one of	apsule (240mg) by mouth twice daily			
		☐ Titration- Inject 0.25ml S	Q every other day for weeks 1-2, 0.5ml weeks	56 Day	0	
□ EXTAVIA	□ 0.3mg Vial		nd 1ml week 7 and thereafter			
		☐ Inject 1ml SQ every othe	<u> </u>	28 Day		
, ,			ecessary. Prescriber's Signature (SIGN BE y prior authorization agent with medical and pharma	,	ders.	
, , ,	<u> </u>					
Dispense as Writton:	Drinted Man	me.	Substitution Allowed:	Date:		
Dispense as Written:  The information conta	Printed Nar		Substitution Allowed: named recipient(s). Access, copying or re-use of the facsimil	Date:		

## **Multiple Sclerosis Enrollment Form G-P**

Date:\_

Patient Name: \_\_\_

#### **TwelveStone Health Partners**

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Email: intake@12stonehealth.com Direct Phone: (615) 278-3350

Tall Ergo: (944) 903-0012



Date of Birth:		Ioli Free: (84	44) 893-0012						
		DIAGNO	OSIS						
☐ Relapsi	ng Remitting ☐ C	Clinically Isolated Syndr	rome						
☐ Primary	Progressive	econdary Progressive	□ Other:						
		PREVIOUS ADMI	NISTRATION						
	Is the patie	ent currently on thera	py? Yes No						
If YES, p	lease provide the following ir	nformation:	If NO, please indicate desired location	for delivery of first dose:					
Medication:			☐ Physician's Office						
			☐ Patient's Home	☐ Patient's Home					
Duration of Treatment:			☐ Enroll in Manufacturer Nurse Tr	☐ Enroll in Manufacturer Nurse Training					
	ng:	DC Date:	Desired Start Date:						
	DC'd proir to starting new th		20004.04.01.						
CLINICA	L INFORMATION & OTHE	R REQUIRED DOCUI	MENTATION- (Please attach documents	as needed)					
☐ History a	nd Physical	□ Pat	tient Demographics and Insurance Informatio	on					
	ned Order Form		egnant, Nursing or Planning Pregnancy: Yes						
_	ed Medication:		nical Progress Notes, Relevant Labs with dat						
□ Number	of Relapses in Past Year:		-	00, 010.					
			tion: Yes No □ Any MRI Char	nges: Yes No					
			tures consistent with MS: Yes No						
•									
□ Patient Weight:	Kg/Lbs □ Patient	Height:Inch	hes/CM   BSA:   Allergies	S:					
MEDICATION	DOSE		DIRECTIONS	QUANTITY REFILLS					
☐ GILENYA	□ 0.5mg Capsule	☐ Take one capsule b	y mouth daily						
	□ 20mg PFS	☐ Inject SQ once daily	у						
□ GLATOPA	☐ 40mg PFS	☐ Inject SQ 3 times w	, , , , , , , , , , , , , , , , , , , ,						
	☐ 20mg/0.4ml PF Pen	☐ Induction- Inject 20	lmg SQ at weeks 0, 1, and 2	28 Day					
□ KESIMPTA	D 20mm/0 Amal DE Coming and	Maintanana Iniaa	4 20mm CO and a magnific to a facilities of the selection						
	☐ 20mg/0.4ml PF Syringe	Maintenance- inject	t 20mg SQ once monthly starting at week 4	<del>                                     </del>					
□ MAYZENT	<ul><li>☐ 1mg Starter Pack</li><li>☐ 2mg Starter Pack</li></ul>	☐ Take as directed							
	☐ 1mg	-							
	□ 2mg	☐ Take one tablet by r							
	☐ Starter Pack PFS (IM)	☐ Titration- Inject 63 r							
	☐ Starter Pack Pen (SQ)	day 29							
□ PLEGRIDY	<ul><li>☐ 125mcg PFS (IM)</li><li>☐ 125mcg Pen (SQ)</li></ul>	☐ Maintenance- Inject							
			ally necessary. Prescriber's Signature (SIGN E						
By signing this form ar	nd utilizing our services, I am aslo aut	thorizing TwelveStone to serv	e as my prior authorization agent with medical and pharm	acy insurance providers.					
Dispense as Written:	Printed Na	me:	Substitution Allowed:	Date:					
The information co	ntained in this facsimile may be confidential	I and is intended solely for the use	e of the named recipient(s). Access, copying or re-use of the facsing	nile or any information					

# Multiple Sclerosis Enrollment Form R-Z

Date:\_

Patient Name:\_\_

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Dute	of Birth:				Toll Free	: (844) 89	3-0012	2				
					DIA	GNOSIS						
		Relapsing	Remitting	□ CI	inically Isolated S	yndrome		G35:				
☐ Primary Progressive ☐ S			□ Se	Secondary Progressive			□ Other:					
					PREVIOUS A	DMINISTE	RATIO	N				
			l:	s the patie	nt currently on th	herapy?_		Yes	_ No			
		If YES, ple	ase provide the f							location f	or delivery of f	irst dose:
Medication:						□ Physician's Office						
Last Dose Date:						☐ Patient's Home						
Next Dose Date:						☐ Enroll in Manufacturer Nurse Training						
Duration of Treatment:										_		
Reason for Discontinuing: DC Date:  DC Date:   Will Current Therapy be DC'd proir to starting new therapy: Yes No						Desi	ired Start D	ate:				
VVI					REQUIRED DO		ΊΩΙΤΑ	N_ (Plaasa	attach doci	ımants a	c needed)	
	CI	LINICALI	NFORMATION	I & OTTIER								
		History and	Physical				_	-	Insurance Ir			
	ΠТ	his Signe	d Order Form			Pregnant	, Nursi	ng or Plann	ing Pregnan	ıcy: Yes _	No	
			Medication:			Clinical P	rogres	s Notes, Re	levant Labs	with date	s, etc.	
		lumber of	Relapses in Pas	t Year:								
	Last MRI [	Date:	□	Previously	Treated for this C	ondition: Ye	es	_ No	□ Any M	IRI Chang	jes: Yes	No
	First Clinic	cal Episode	e of MS: Yes	No	-If YES, are MR	I features o	onsist	ent with MS	: Yes I	No		
╵╻	] Patient We	eiaht:	Ka/Lbs [	] Patient	Height:	_Inches/CM	ı 🗆 I	BSA:		Alleraies:		
					J -							l = = =
IVI	EDICATION	V	DOSI					TIONS			QUANTITY	KEFILLS
			☐ PFS Titration		☐ Titration: Injection and thereafter			/- 4.4mcg we	eks 1-2, 11mo	cg week 5		
L	DEDIE		<ul><li>☐ Rebidose Tite</li><li>☐ PFS 22mcg</li></ul>	ration Kit	☐ Inject SQ 3 tim	nes weekly-	8.8mcg			3-4,		
╚	REBIF		☐ PFS 44mcg		44 mcg week	5 and therea	after (PF	S or Rebido	se)			
			☐ Rebidose 22			Iniect SQ 3 t	imes w	eekly				
			L INEDIGOSE ZZ	mcg								
			☐ Rebidose 44	•	☐ Maintenance:			COMY				
	TERIFLUNOM		□ Rebidose 44 □ 7mg	•	☐ Maintenance: ☐ Take one table							
	TERIFLUNOM		☐ Rebidose 44 ☐ 7mg	mcg	☐ Take one table	et by mouth o	once da	nily	1-4 take 0.46	Smg daily		
			□ Rebidose 44 □ 7mg □ 14mg	mcg r Pack	☐ Take one table☐ Titration- Take on days 5-7, ar	et by mouth of 0.23mg by rad 0.92mg d	once da mouth d	aily daily on days reafter				
	TERIFLUNON ZEPOSIA	MIDE	□ Rebidose 44 □ 7mg □ 14mg □ 7 Day Starte □ 37 Day Start □ 0.92mg Caps	r Pack er Kit	☐ Take one table ☐ Titration- Take on days 5-7, ar ☐ Maintance- Tal	0.23mg by rnd 0.92mg d	mouth daily the	laily on days reafter 2mg) by mou	th daily			
	ZEPOSIA	/IIDE By sign	□ Rebidose 44 □ 7mg □ 14mg □ 7 Day Starte □ 37 Day Starte □ 0.92mg Capsing below, I certi	r Pack er Kitsule fy that the a	☐ Take one table ☐ Titration- Take on days 5-7, ar ☐ Maintance- Tal	0.23mg by rnd 0.92mg december caps	mouth daily the	daily on days reafter 2mg) by mou	ith daily	e (SIGN BE		iders
	ZEPOSIA	/IIDE By sign	□ Rebidose 44 □ 7mg □ 14mg □ 7 Day Starte □ 37 Day Starte □ 0.92mg Capsing below, I certi	r Pack er Kitsule fy that the a	☐ Take one table ☐ Titration- Take on days 5-7, ar ☐ Maintance- Tal	0.23mg by rnd 0.92mg december caps	mouth daily the	daily on days reafter 2mg) by mou	ith daily	e (SIGN BE		iders.
	ZEPOSIA	/IIDE By sign	□ Rebidose 44 □ 7mg □ 14mg □ 7 Day Starte □ 37 Day Starte □ 0.92mg Capsing below, I certi	r Pack er Kitsule fy that the a	☐ Take one table ☐ Titration- Take on days 5-7, ar ☐ Maintance- Tal	0.23mg by rnd 0.92mg december caps	mouth daily the	daily on days reafter 2mg) by mou	ith daily	e (SIGN BE		iders.
	ZEPOSIA	/IIDE By sign	□ Rebidose 44 □ 7mg □ 14mg □ 7 Day Starte □ 37 Day Starte □ 0.92mg Capsing below, I certi	r Pack er Kitsule fy that the a	☐ Take one table ☐ Titration- Take on days 5-7, ar ☐ Maintance- Tal	0.23mg by rnd 0.92mg december caps	mouth daily the	daily on days reafter 2mg) by mou	ith daily	e (SIGN BE		iders.
	ZEPOSIA	/IIDE By sign	□ Rebidose 44 □ 7mg □ 14mg □ 7 Day Starte □ 37 Day Starte □ 0.92mg Capsing below, I certi	r Pack er Kitsule fy that the a	☐ Take one table ☐ Titration- Take on days 5-7, ar ☐ Maintance- Tal	0.23mg by rnd 0.92mg december caps	mouth daily the	daily on days reafter 2mg) by mou	ith daily	e (SIGN BE		ders.
	ZEPOSIA	/IIDE By sign	□ Rebidose 44 □ 7mg □ 14mg □ 7 Day Starte □ 37 Day Starte □ 0.92mg Capsing below, I certi	r Pack er Kitsule fy that the a	☐ Take one table ☐ Titration- Take on days 5-7, ar ☐ Maintance- Tal	0.23mg by rnd 0.92mg december caps	mouth daily the	daily on days reafter 2mg) by mou	ith daily	e (SIGN BE		iders.
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	ZEPOSIA  By signing the	MIDE  By sign his form and t	□ Rebidose 44 □ 7mg □ 14mg □ 7 Day Starte □ 37 Day Start □ 0.92mg Caps ing below, I certi utilizing our services,	r Pack er Kit 	☐ Take one table ☐ Titration- Take on days 5-7, ar ☐ Maintance- Tal above therapy is morizing TwelveStone te	0.23mg by rnd 0.92mg december of the caps	mouth daily there	laily on days reafter 2mg) by mou y. Prescribe thorization age	th daily r's Signature nt with medical	e (SIGN BE and pharma	cy insurance provi	iders.
	ZEPOSIA  By signing the	MIDE  By sign his form and t	□ Rebidose 44 □ 7mg □ 14mg □ 7 Day Starte □ 37 Day Start □ 0.92mg Caps ing below, I certi utilizing our services,	r Pack er Kit 	☐ Take one table ☐ Titration- Take on days 5-7, ar ☐ Maintance- Tal	0.23mg by rnd 0.92mg december of the caps	mouth daily there	laily on days reafter 2mg) by mou y. Prescribe thorization age	th daily r's Signature nt with medical	e (SIGN BE and pharma	cy insurance provi	iders.
	ZEPOSIA  By signing the	MIDE  By sign his form and t	□ Rebidose 44 □ 7mg □ 14mg □ 7 Day Starte □ 37 Day Start □ 0.92mg Caps ing below, I certi utilizing our services,	r Pack er Kit 	☐ Take one table ☐ Titration- Take on days 5-7, ar ☐ Maintance- Tal above therapy is morizing TwelveStone te	0.23mg by rnd 0.92mg december of the caps	mouth daily there	laily on days reafter 2mg) by mou y. Prescribe thorization age	th daily r's Signature nt with medical	e (SIGN BE and pharma	cy insurance provi	ders.