

Has results of a recent lymphocyte count

Request is for MAYZENT (siponimod):

Has been tested for CYP2C9 variants to determine CYP2C9 genotype

Has a comorbid heart condition – describe: _____

Experienced any of the following in the past 6 months:

<input type="checkbox"/> Myocardial infarction	<input type="checkbox"/> Transient ischemic attack
<input type="checkbox"/> Unstable angina	<input type="checkbox"/> Decompensated heart failure
<input type="checkbox"/> Stroke	<input type="checkbox"/> Class III/IV heart failure

Request is for OCREVUS (ocrelizumab):

Does not have active hepatitis B virus infection

RENEWAL requests

Complete the sections below that are applicable to the beneficiary and this request and **SUBMIT DOCUMENTATION** for each item.

For AMPYRA/DALFAMPRIDINE:

Experienced an improvement in motor function since starting the requested medication

Has a history of seizure

For all MS drugs OTHER THAN Ampyra/dalfampridine:

Has a relapsing form of MS and experienced improvement or stabilization of the MS disease course since starting the requested medication

Has primary progressive MS and continues to benefit from the requested medication

Request is for AUBAGIO (teriflunomide):

Has results of recent liver function tests

Request is for GILENYA (fingolimod):

Has a comorbid heart condition – describe: _____

Experienced any of the following in the past 6 months:

<input type="checkbox"/> Myocardial infarction	<input type="checkbox"/> Transient ischemic attack
<input type="checkbox"/> Unstable angina	<input type="checkbox"/> Decompensated heart failure
<input type="checkbox"/> Stroke	<input type="checkbox"/> Class III/IV heart failure

Request is for KESIMPTA (ofatumumab):

Does not have active hepatitis B virus infection

Request is for LEMTRADA (alemtuzumab): Dates of previous treatment course: _____

Request is for MAVENCLAD (cladribine): Dates of previous treatment course(s): _____

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<input type="checkbox"/> Unstable angina	<input type="checkbox"/> Decompensated heart failure
<input type="checkbox"/> Stroke	<input type="checkbox"/> Class III/IV heart failure

Request is for OCREVUS (ocrelizumab):

Does not have active hepatitis B virus infection

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	Date:
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