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Patient Name: _____ **Date:** 3/16/2026
Patient ID: _____ **Patient Date Of Birth:** _____
Patient Group No: _____ **Patient Phone:** _____ **Physician Name:** _____
NPI#: _____ **Specialty:** _____
Physician Office Telephone: _____

Physician Office Address: _____

Drug Name (specify drug) _____

Quantity: _____ **Frequency:** _____ **Strength:** _____

Route of Administration: _____ **Expected Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please check the appropriate answer for each applicable question.

1. What is the requested product?
 - Aubagio (If checked, go to 2)
 - Avonex (If checked, go to 9)
 - Bafiertam (If checked, go to 16)
 - Betaseron (If checked, go to 23)
 - Briumvi (If checked, go to 30)
 - Copaxone (If checked, go to 37)
 - generic dimethyl fumarate (If checked, go to 44)
 - Extavia (If checked, go to 51)
 - generic fingolimod (If checked, go to 58)
 - Gilenya (If checked, go to 63)
 - Glatopa (If checked, go to 68)
 - generic glatiramer (If checked, go to 75)
 - Kesimpta (If checked, go to 82)
 - Mayzent (If checked, go to 89)
 - Ocrevus (If checked, go to 96)
 - Ocrevus Zunovo (If checked, go to 103)
 - Plegridy (If checked, go to 110)
 - Ponvory (If checked, go to 117)
 - Rebif (If checked, go to 124)
 - Tascenso ODT (If checked, go to 131)
 - generic teriflunomide (If checked, go to 136)
 - Tecfidera (If checked, go to 143)



- Vumerity (If checked, go to 150)
2. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 3)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 3)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)
3. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
4. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
5. What is the patient's age?
- Less than 18 years of age (If checked, go to 6)
 - Greater than or equal to 18 years of age (If checked, go to 7)
6. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? Y N
7. Is this a request for continuation of therapy? Y N
8. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
9. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 10)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 10)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)
10. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
11. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
12. What is the patient's age?
- Less than 18 years of age (If checked, go to 13)
 - Greater than or equal to 18 years of age (If checked, go to 14)
13. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? Y N
14. Is this a request for continuation of therapy? Y N
15. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
16. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 17)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 17)
 - Primary progressive multiple sclerosis (If checked, no further questions)



Other (If checked, no further questions)		<input type="checkbox"/>		
17. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
18. Will the requested drug be prescribed by or in consultation with a neurologist?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
19. What is the patient's age?				
Less than 18 years of age (If checked, go to 20)		<input type="checkbox"/>		
Greater than or equal to 18 years of age (If checked, go to 21)		<input type="checkbox"/>		
20. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
21. Is this a request for continuation of therapy?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
22. Is the patient experiencing disease stability or improvement while receiving the requested drug?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
23. What is the patient's diagnosis?				
Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 24)		<input type="checkbox"/>		
Clinically isolated syndrome of multiple sclerosis (If checked, go to 24)		<input type="checkbox"/>		
Primary progressive multiple sclerosis (If checked, no further questions)		<input type="checkbox"/>		
Other (If checked, no further questions)		<input type="checkbox"/>		
24. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
25. Will the requested drug be prescribed by or in consultation with a neurologist?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
26. What is the patient's age?				
Less than 18 years of age (If checked, go to 27)		<input type="checkbox"/>		
Greater than or equal to 18 years of age (If checked, go to 28)		<input type="checkbox"/>		
27. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
28. Is this a request for continuation of therapy?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
29. Is the patient experiencing disease stability or improvement while receiving the requested drug?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
30. What is the patient's diagnosis?				
Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 31)		<input type="checkbox"/>		
Clinically isolated syndrome of multiple sclerosis (If checked, go to 31)		<input type="checkbox"/>		
Primary progressive multiple sclerosis (If checked, no further questions)		<input type="checkbox"/>		
Other (If checked, no further questions)		<input type="checkbox"/>		
31. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
32. Will the requested drug be prescribed by or in consultation with a neurologist?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
33. What is the patient's age?				
Less than 18 years of age (If checked, go to 34)		<input type="checkbox"/>		



- Greater than or equal to 18 years of age (If checked, go to 35)
34. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? Y N
35. Is this a request for continuation of therapy? Y N
36. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
37. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 38)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 38)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)
38. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
39. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
40. What is the patient's age?
- Less than 18 years of age (If checked, go to 41)
 - Greater than or equal to 18 years of age (If checked, go to 42)
41. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? Y N
42. Is this a request for continuation of therapy? Y N
43. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
44. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 45)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 45)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)
45. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
46. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
47. What is the patient's age?
- Less than 18 years of age (If checked, go to 48)
 - Greater than or equal to 18 years of age (If checked, go to 49)
48. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? Y N
49. Is this a request for continuation of therapy? Y N
50. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N

51. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 52)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 52)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)
52. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
53. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
54. What is the patient's age?
- Less than 18 years of age (If checked, go to 55)
 - Greater than or equal to 18 years of age (If checked, go to 56)
55. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? Y N
56. Is this a request for continuation of therapy? Y N
57. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
58. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 59)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 59)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)
59. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
60. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
61. Is this a request for continuation of therapy? Y N
62. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
63. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 64)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 64)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)
64. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
65. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
66. Is this a request for continuation of therapy? Y N

67. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
68. What is the patient's diagnosis?
 Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 69)
 Clinically isolated syndrome of multiple sclerosis (If checked, go to 69)
 Primary progressive multiple sclerosis (If checked, no further questions)
 Other (If checked, no further questions)
69. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
70. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
71. What is the patient's age?
 Less than 18 years of age (If checked, go to 72)
 Greater than or equal to 18 years of age (If checked, go to 73)
72. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? Y N
73. Is this a request for continuation of therapy? Y N
74. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
75. What is the patient's diagnosis?
 Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 76)
 Clinically isolated syndrome of multiple sclerosis (If checked, go to 76)
 Primary progressive multiple sclerosis (If checked, no further questions)
 Other (If checked, no further questions)
76. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
77. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
78. What is the patient's age?
 Less than 18 years of age (If checked, go to 79)
 Greater than or equal to 18 years of age (If checked, go to 80)
79. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? Y N
80. Is this a request for continuation of therapy? Y N
81. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
82. What is the patient's diagnosis?
 Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 83)
 Clinically isolated syndrome of multiple sclerosis (If checked, go to 83)
 Primary progressive multiple sclerosis (If checked, no further questions)



Other (If checked, no further questions)		<input type="checkbox"/>		
83. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
84. Will the requested drug be prescribed by or in consultation with a neurologist?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
85. What is the patient's age?				
Less than 18 years of age (If checked, go to 86)		<input type="checkbox"/>		
Greater than or equal to 18 years of age (If checked, go to 87)		<input type="checkbox"/>		
86. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
87. Is this a request for continuation of therapy?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
88. Is the patient experiencing disease stability or improvement while receiving the requested drug?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
89. What is the patient's diagnosis?				
Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 90)		<input type="checkbox"/>		
Clinically isolated syndrome of multiple sclerosis (If checked, go to 90)		<input type="checkbox"/>		
Primary progressive multiple sclerosis (If checked, no further questions)		<input type="checkbox"/>		
Other (If checked, no further questions)		<input type="checkbox"/>		
90. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
91. Will the requested drug be prescribed by or in consultation with a neurologist?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
92. What is the patient's age?				
Less than 18 years of age (If checked, go to 93)		<input type="checkbox"/>		
Greater than or equal to 18 years of age (If checked, go to 94)		<input type="checkbox"/>		
93. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
94. Is this a request for continuation of therapy?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
95. Is the patient experiencing disease stability or improvement while receiving the requested drug?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
96. What is the patient's diagnosis?				
Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 97)		<input type="checkbox"/>		
Clinically isolated syndrome of multiple sclerosis (If checked, go to 97)		<input type="checkbox"/>		
Primary progressive multiple sclerosis (If checked, go to 97)		<input type="checkbox"/>		
Other (If checked, no further questions)		<input type="checkbox"/>		
97. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
98. Will the requested drug be prescribed by or in consultation with a neurologist?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
99. What is the patient's age?				
Less than 18 years of age (If checked, go to 100)		<input type="checkbox"/>		



Greater than or equal to 18 years of age (If checked, go to 101)	<input type="checkbox"/>		
100. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
101. Is this a request for continuation of therapy?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
102. Is the patient experiencing disease stability or improvement while receiving the requested drug?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
103. What is the patient's diagnosis?			
Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 104)	<input type="checkbox"/>		
Clinically isolated syndrome of multiple sclerosis (If checked, go to 104)	<input type="checkbox"/>		
Primary progressive multiple sclerosis (If checked, go to 104)	<input type="checkbox"/>		
Other (If checked, no further questions)	<input type="checkbox"/>		
104. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	
105. Will the requested drug be prescribed by or in consultation with a neurologist?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
106. What is the patient's age?			
Less than 18 years of age (If checked, go to 107)	<input type="checkbox"/>		
Greater than or equal to 18 years of age (If checked, go to 108)	<input type="checkbox"/>		
107. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
108. Is this a request for continuation of therapy?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
109. Is the patient experiencing disease stability or improvement while receiving the requested drug?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
110. What is the patient's diagnosis?			
Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 111)	<input type="checkbox"/>		
Clinically isolated syndrome of multiple sclerosis (If checked, go to 111)	<input type="checkbox"/>		
Primary progressive multiple sclerosis (If checked, no further questions)	<input type="checkbox"/>		
Other (If checked, no further questions)	<input type="checkbox"/>		
111. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	
112. Will the requested drug be prescribed by or in consultation with a neurologist?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
113. What is the patient's age?			
Less than 18 years of age (If checked, go to 114)	<input type="checkbox"/>		
Greater than or equal to 18 years of age (If checked, go to 115)	<input type="checkbox"/>		
114. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
115. Is this a request for continuation of therapy?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
116. Is the patient experiencing disease stability or improvement while receiving the requested drug?	Y <input type="checkbox"/>	N <input type="checkbox"/>	



117. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 118)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 118)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)
118. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
119. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
120. What is the patient's age?
- Less than 18 years of age (If checked, go to 121)
 - Greater than or equal to 18 years of age (If checked, go to 122)
121. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? Y N
122. Is this a request for continuation of therapy? Y N
123. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
124. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 125)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 125)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)
125. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
126. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
127. What is the patient's age?
- Less than 18 years of age (If checked, go to 128)
 - Greater than or equal to 18 years of age (If checked, go to 129)
128. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? Y N
129. Is this a request for continuation of therapy? Y N
130. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
131. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 132)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 132)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)

132. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
133. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
134. Is this a request for continuation of therapy? Y N
135. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
136. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 137)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 137)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)
137. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
138. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
139. What is the patient's age?
- Less than 18 years of age (If checked, go to 140)
 - Greater than or equal to 18 years of age (If checked, go to 141)
140. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? Y N
141. Is this a request for continuation of therapy? Y N
142. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N
143. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 144)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 144)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)
144. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) Y N
145. Will the requested drug be prescribed by or in consultation with a neurologist? Y N
146. What is the patient's age?
- Less than 18 years of age (If checked, go to 147)
 - Greater than or equal to 18 years of age (If checked, go to 148)
147. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? Y N
148. Is this a request for continuation of therapy? Y N
149. Is the patient experiencing disease stability or improvement while receiving the requested drug? Y N



150. What is the patient's diagnosis?
- Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) (If checked, go to 151)
 - Clinically isolated syndrome of multiple sclerosis (If checked, go to 151)
 - Primary progressive multiple sclerosis (If checked, no further questions)
 - Other (If checked, no further questions)
151. Will the patient be taking the requested drug with any other disease modifying multiple sclerosis (MS) agent? (Note: Ampyra and Nuedexta are not disease modifying.) **Y** **N**
152. Will the requested drug be prescribed by or in consultation with a neurologist? **Y** **N**
153. What is the patient's age?
- Less than 18 years of age (If checked, go to 154)
 - Greater than or equal to 18 years of age (If checked, go to 155)
154. Has the prescriber evaluated the risks and benefits of treatment and attests the benefits outweigh the risks? **Y** **N**
155. Is this a request for continuation of therapy? **Y** **N**
156. Is the patient experiencing disease stability or improvement while receiving the requested drug? **Y** **N**

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date

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