

| 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 | | | | | | | | | | |
| Patients 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 | | | | | | | | |
| 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: | | | | | |
| Notes to Pharmacy | | | | | | | | | | |
| | | | | | | | | | | |
| Prescription Information | | | | | | | | | | |
| Medication | Dose/Strength | Sig | | | | Quantity | Refills | | | |
| REBIF® (interferon beta-1a) PFS Pen | Titration Pack | Starter Dose: 22mcg dose; Inject 4.4mcg SQ 3x a week at weeks 1-2, 11mcg SQ 3x a week at weeks 3-4. Begin maintenance dose at week 5. 44mcg dose; Inject 8.8mcg SQ 3x a week at weeks 1-2, 22mcg SQ 3x a week at weeks 3-4. Begin maintenance dose at week 5. | | | | 1 pack | No Refills | | | |
| | 22mcg/0.5ml 44mcg/0.5ml | Maintenance Dose: Inject 22mcg SQ 3x a week (48 hours apart) Inject 44mcg SQ 3x a week (48 hours apart) | | | | 28 Day Supply | | | | |
| TECFIDERA® (dimethyl fumarate) | Titration Starter Pack (30 day supply) | Titration Starter Pack: Take 120mg by mouth twice daily for 7 days, then 240mg twice daily thereafter | | | | 1 pack (30 Day Supply) | No Refills | | | |
| | 120mg capsules | Starter Dose: Take 1 capsule by mouth twice daily for 7 days | | | | 7 Day Supply | No Refills | | | |
| | 240mg capsules | Maintenance Dose: Take 1 capsule by mouth twice daily | | | | 30 Day Supply | | | | |
| VUMERITY® (diroximel fumarate) | 231mg capsules | Starter Dose: Take 1 capsule by mouth twice daily for 7 days, then take 2 capsules by mouth twice daily thereafter | | | | 30 Day Supply | No Refills | | | |
| | | Maintenance Dose: Take 2 capsules by mouth twice daily | | | | 30 Day Supply | | | | |
| ZEPOSIA® (ozanimod) | Starter Pack (7 day supply) Starter Kit (28 day supply) | Starter Dose: Take 0.23mg by mouth daily on days 1-4, then 0.46mg daily on days 5-7, then 0.92mg daily thereafter | | | | 1 package | No Refills | | | |
| | 0.92mg capsules | Maintenance Dose: Take 1 capsule by mouth daily | | | | 30 Day Supply | | | | |
| Injection Training | | | | | | | | | | |
| Patient received injection training | | | Prescriber's office to provide injection training | | | | Meijer to coordinate injection training | | | |
| By signing this form and utilizing our services, you are authorizing Meijer and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies. | | | | | | | | | | |
| Prescriber Signature | | | Date | | Prescriber Signature | | | Date | | |
| Substitution Permitted | | | | | Dispense as Written | | | | | |
| If brand is required, please write "DAW" in the box to the right. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | | | | | | | | | |