

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:
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	
KESIMPTA® (ofatumumab)		20mg/0.4ml pen		Starter Dose: Inject 1 pen (20mg) SQ at weeks 0, 1 and 2. Begin maintenance dose at week 4.		3 Pens		No Refills	
				Maintenance Dose: Inject 1 pen (20mg) SQ monthly		1 Pen			
MAVENCLAD® (cladribine) <i>Treatment Course:</i> Year 1 Year 2		10mg tablets		Month 1: Take by mouth as directed on the package		4 Pack 5 Pack 6 Pack 7 Pack	8 Pack 9 Pack 10 Pack	No Refills	
				Month 2: Take by mouth as directed on the package		4 Pack 5 Pack 6 Pack 7 Pack	8 Pack 9 Pack 10 Pack	No Refills	
MAYZENT® (siponimod) <i>1mg daily dosing</i>		Starter Pack (for 1mg maintenance dose)		Starter Dose: Take 1 tablet by mouth daily on days 1 & 2, then 2 tablets daily on day 3, then 3 tablets daily on day 4. Begin maintenance dose on day 5.		1 Pack		No Refills	
		1mg tablet		Maintenance Dose: Take 1 tablet by mouth daily		30 day supply			
MAYZENT® (siponimod) <i>2mg daily dosing</i>		Starter Pack (for 2mg maintenance dose)		Starter Dose: Take 1 tablet by mouth daily on days 1 & 2, then 2 tablets daily on day 3, then 3 tablets daily on day 4, then 5 tablets daily on day 5. Begin maintenance dose on day 6.		1 Pack		No Refills	
		2mg tablet		Maintenance Dose: Take 1 tablet by mouth daily		30 day supply			
PLEGRIDY™ (peginterferon beta-1a) PFS Pen		Starter Pack		Starter Dose: Inject 63mcg SQ or IM on day 1 and 94mcg SQ or IM on day 15		1 Pack		No Refills	
		125mcg/0.5ml		Maintenance Dose: Inject 125mcg SQ or IM every 14 days, starting on day 29		28 day supply			
PONVORY™ (ponesimod)		Starter Pack		Starter Dose: Follow titration schedule on pack starting with Day 1		1 Pack		No Refills	
		20mg tablets		Maintenance Dose: Take 1 tablet 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