

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		
AUBAGIO® (teriflunomide)	7mg tablets 14mg tablets	Take 1 tablet by mouth daily					30 Day Supply			
AVONEX® (interferon beta-1a) PFS Pen	30mcg/0.5ml	Inject 30mcg IM once weekly Other Regimen:					28 Day Supply			
BAFIERTAM™ (monomethyl fumarate)	95mg capsules	Starter Dose: Take 1 capsule (95mg) by mouth twice daily for 7 days, then take 2 capsules (190mg) by mouth twice daily thereafter					1 bottle (120 capsules)			
		Maintenance Dose: Take 2 capsules (190mg) by mouth twice daily					30 Day Supply			
BETASERON® (interferon beta-1b)	0.3mg kit PFS (#14)	Dose Titration: Weeks 1-2: Inject 0.0625mg SQ QOD Weeks 3-4: Inject 0.125mg SQ QOD Weeks 5-6: Inject 0.1875mg SQ QOD Weeks 7+: Inject 0.25mg SQ QOD Maintenance Dose: Inject 0.25mg SQ QOD Other Regimen:					28 Day Supply			
COPAXONE® (glatiramer acetate)	20mg/ml PFS	Inject 20mg SQ QD					30 Day Supply			
	40mg/ml PFS	Inject 40mg SQ 3x a week (at least 48 hours apart)					28 Day Supply			
DALFAMPRIDINE (generic Ampyra®)	10mg tablets	Take 1 tablet by mouth every 12 hours					30 Day Supply			
EXTAVIA® (interferon beta-1b)	0.3mg kit PFS (#15)	Dose Titration: Weeks 1-2: Inject 0.0625mg SQ QOD Weeks 3-4: Inject 0.125mg SQ QOD Weeks 5-6: Inject 0.1875mg SQ QOD Weeks 7+: Inject 0.25mg SQ QOD Maintenance Dose: 0.25mg SQ QOD Other Regimen:					30 Day Supply			
GILENYA® (fingolimod)	0.25mg capsule 0.5mg capsule	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.