

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:		HIPPA 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								
Prior failed medication (medication and duration of treatment/reason for d/c):										
Patient currently on therapy? Y N Medication(s):						Will patient be stopping above medication before starting new therapy? Y N				
Discontinuation Date: / /		Is prescriber a Neurologist? If no, include neurology consult if available Y N Other:								
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:					
Prescription Information										
Medication	Dose/Strength	Sig					Quantity	Refills		
AUBAGIO® Teriflunomide	7mg tablets 14mg tablets	Take 1 tablet by mouth daily					30 Day Supply			
AVONEX® PFS Pen Lyophilized Pwdr Vial	30mcg/0.5ml (#4)	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®	0.3mg kit PFS (#14)	Dose Titration: Weeks 1-2: Inject 0.0625mg/0.25ml SQ QOD Weeks 3-4: Inject 0.125mg/0.50ml SQ QOD Weeks 5-6: Inject 0.1875mg/0.75ml SQ QOD Weeks 7+: Inject 0.25mg/1ml SQ QOD Maintenance Dose: Inject 0.25mg/1ml SQ QOD Other Regimen:					28 Day Supply			
COPAXONE® GLATIRAMER ACETATE® GLATOPA®	20mg/ml PFS (#30)	Inject 20mg SQ QD					30 Day Supply			
	40mg/ml PFS (#12)	Inject 40mg SQ 3x a week (at least 48 hours apart)					28 Day Supply			
DALFAMPRIDINE (generic Ampyra®)	10mg tablets (#60)	Take 1 tablet by mouth every 12 hours					30 Day Supply			
EXTAVIA®	0.3mg kit PFS (#15)	Dose Titration: Weeks 1-2: Inject 0.0625mg/0.25ml SQ QOD Weeks 3-4: Inject 0.125mg/0.50ml SQ QOD Weeks 5-6: Inject 0.1875mg/0.75ml SQ QOD Weeks 7+: Inject 0.25mg/1ml SQ QOD Maintenance Dose: 0.25mg/1ml SQ QOD Other Regimen:								
GILENYA®	0.5mg capsule (#30)	Take 0.5mg by mouth QD					30 Day Supply 60 Day Supply 90 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.