meijer specialty pharmacy

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Multiple Sclerosis (Q-Z)

Rebif®, Rebif® Rebidose® Autoinjector, Tecfidera®, Vumerity®, Zeposia®

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
◯ **REBIF®** ◯ **REBIF® REBIDOSE® Autoinjector**	◯ Titration Pack (8.8mcg/22mcg) (#12) ◯ 22mcg/0.5ml PFS (#12) ◯ 44mcg/0.5ml PFS (#12)	◯ **Dose Titration:** Inject 8.8mcg SQ 3x a week at weeks 1-2, 22mcg SQ 3x a week at weeks 3-4, and 44mcg SQ 3x a week at weeks 5+ (48 hours apart) Inject 4.4mcg SQ 3x a week at weeks 1-2, 11mcg SQ 3x a week at weeks 3-4, and 22mcg SQ 3x a week at weeks 5+ (48 hours apart) ◯ **Maintenance Dose:** Inject 22mcg (0.5ml) SQ 3x a week (48 hours apart) ◯ **Maintenance Dose:** Inject 44mcg (0.5ml) SQ 3x a week (48 hours apart) ◯ **Other Regimen:**	◯ Titration Dose: 28 Day Supply (12 pens or syringes) ◯ Maintenance Dose: 28 Day Supply	
◯ **TECFIDERA®**	◯ 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 120mg by mouth twice daily for 7 days	7 Day Supply	**No Refills**
	◯ 240mg capsules	◯ **Maintenance Dose:** Take 240mg by mouth twice daily	30 Day Supply	
◯ **TERIFLUNOMIDE** **Generic Aubagio ®**	◯ 7mg tablets ◯ 14mg tablets	◯ Take 1 tablet by mouth daily	30 Day Supply	
◯ **VUMERITY®**	◯ 231mg capsules	◯ **Starter Dose:** Take 231mg by mouth twice daily for 7 days, then take 462mg (two 231mg capsules) by mouth twice daily thereafter	30 Day Supply	**No Refills**
		◯ **Maintenance Dose:** Take 462mg (two 231mg capsules) by mouth twice daily	30 Day Supply	
◯ **ZEPOSIA®**	◯ Starter Pack (7 day supply) ◯ Starter Kit (37 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.