meijer specialty pharmacy

P: 800-657-2212 • F: 888-592-7723
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Multiple Sclerosis (H-P)

Kesimpta®, Mayzent®, Plegridy™, Ponvory™

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
Office Contact:	Practice Name / Collaborating MD:					
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
◯ **KESIMPTA®**	◯ 20mg/0.4ml pen	◯ **Starter Dose:** Inject 1 pen (20mg) SQ at weeks 0, 1 and 2. Begin maintenance dose at week 4.	28 Day Supply	**No Refills**
		◯ **Maintenance Dose:** Inject 1 pen (20mg) SQ monthly		
◯ **MAYZENT®** *1mg daily dosing*	◯ 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 ◯ 90 day supply	
◯ **MAYZENT®** *2mg daily dosing*	◯ 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 ◯ 90 day supply	
◯ **PLEGRIDY™**	**Starter Pack:** ◯ Prefilled syringe (1x63mcg/0.5ml, 1x94mcg/0.5ml) ◯ Autoinjector pen (1x63mcg/0.5ml, 1x94mcg/0.5ml)	**Dose Titration:** ◯ Inject 63mcg SQ on day 1 and 94mcg SQ on day 14	Titration Dose: 28 day supply	**No Refills**
	◯ 125mcg/0.5ml PFS ◯ 125mcg/0.5ml autoinjector	◯ **Maintenance Dose:** Inject 125mcg SQ every 14 days, starting on day 29	Maintenance Dose: 28 day supply	
◯ **PONVORY™**	◯ 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 ◯ 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.