

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® <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 90 day supply			
MAYZENT® <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 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. <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>										