

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.