

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:	HIPAA 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	
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:	

Notes to Pharmacy

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
REBIF® (interferon beta-1a)	Titration Pack	Starter Dose: 22mcg dose: Inject 4.4mcg SQ 3x a week at weeks 1-2, 11mcg SQ 3x a week at weeks 3-4. Begin maintenance dose at week 5. 44mcg dose: Inject 8.8mcg SQ 3x a week at weeks 1-2, 22mcg SQ 3x a week at weeks 3-4. Begin maintenance dose at week 5.	1 pack	No Refills
	PFS Pen 22mcg/0.5ml 44mcg/0.5ml	Maintenance Dose: Inject 22mcg SQ 3x a week (48 hours apart) Inject 44mcg SQ 3x a week (48 hours apart)	28 Day Supply	
TECFIDERA® (dimethyl fumarate)	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 1 capsule by mouth twice daily for 7 days	7 Day Supply	No Refills
	240mg capsules	Maintenance Dose: Take 1 capsule by mouth twice daily	30 Day Supply	
VUMERITY® (diroximel fumarate)	231mg capsules	Starter Dose: Take 1 capsule by mouth twice daily for 7 days, then take 2 capsules by mouth twice daily thereafter	30 Day Supply	No Refills
		Maintenance Dose: Take 2 capsules by mouth twice daily	30 Day Supply	
ZEPOSIA® (ozanimod)	Starter Pack (7 day supply) Starter Kit (28 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
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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
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Substitution Permitted

Dispense as Written

If brand is required, please write "DAW" in the box to the right.

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