

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			
EXTAVIA®	0.3mg kit PFS (#15)	Dose Titration: Weeks 1-2: Inject 0.0625mg/0.25ml SQ QOD Weeks 3-4: Inject 0.125mg/0.50ml SQ QOD Weeks 5-6: Inject 0.1875mg/0.75ml SQ QOD Weeks 7+: Inject 0.25mg/1ml SQ QOD Maintenance Dose: 0.25mg/1ml SQ QOD		Other Regimen:							
GILENYA®	0.5mg capsule (#30)	Take 0.5mg by mouth QD					30 Day Supply 60 Day Supply 90 Day Supply				
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®	New Start Patients: Please fax Mayzent® Prescription Start Form to Mayzent's HUB (Alongside MS™) at 1-877-750-9068.										
	0.25mg tablets 1mg tablets	Established Patients (have already completed dose titration): Take 1mg by mouth daily Take 2mg by mouth daily					30 Day Supply	No Refills			
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				
Other Specialty:											
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.