

Ship Meds to:  Patient's Home  Prescriber's Office

**Prescriber Information**

Prescriber Name:		<input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> NP <input type="radio"/> PA		NPI:	
Office Contact:			Practice Name / Supervising MD:		
Address:			City:		
State:	Zip:	Phone:			Fax:

**Patient Information | PLEASE SEND COPY OF INSURANCE CARD**

Patient's Name:	Last 4 Digits of SS#:	DOB: / /	Sex: <input type="radio"/> M <input type="radio"/> F	Weight:	Height:	Diabetic: <input type="radio"/> Y <input type="radio"/> N
Address:	City:	State:	Zip:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? <input type="radio"/> Y <input type="radio"/> N		

**Insurance Information**

Primary Insurance:	Policy ID:	Group #:	
Policyholder Name:	Policyholder DOB:	BIN:	PCN:

**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:	<input type="radio"/> Multiple Sclerosis (G35) <input type="radio"/> Other:	Has patient been previously treated for this condition? <input type="radio"/> Y <input type="radio"/> N			
Type:	<input type="radio"/> Clinically isolated syndrome <input type="radio"/> Relapsing-Remitting <input type="radio"/> Primary Progressive <input type="radio"/> Secondary Progressive				
Prior failed medication (medication and duration of treatment/reason for d/c): <input type="radio"/>					
Patient currently on therapy? <input type="radio"/> Y <input type="radio"/> N Medication(s):		Will patient be stopping above medication before starting new therapy? <input type="radio"/> Y <input type="radio"/> N		Discontinuation Date: / /	
Is prescriber a Neurologist? If no, please include neurology consult if available <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Other:	Number of relapses in past year:	Last MRI date: / /	Any MRI changes? <input type="radio"/> Y <input type="radio"/> N
Is patient pregnant, nursing or planning pregnancy? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A		<input type="radio"/> Serum Creatinine:	<input type="radio"/> Creatinine Clearance:		

**Prescription Information**

Medication	Dose/Strength	Sig	Quantity	Refills
<input type="radio"/> <b>KESIMPTA®</b>	<input type="radio"/> 20mg/0.4ml pen	<input type="radio"/> <b>Starter Dose:</b> Inject 1 pen (20mg) SQ at weeks 0, 1 and 2. Begin maintenance dose at week 4. <input type="radio"/> <b>Maintenance Dose:</b> Inject 1 pen (20mg) SQ monthly	<input type="radio"/> 28 day supply	<b>No Refills</b>
<input type="radio"/> <b>MAYZENT®</b>	<b>New Start Patients:</b> Please fax Mayzent® Prescription Start Form to Mayzent's HUB (Alongside MS™) at 1-877-750-9068.			
	<input type="radio"/> 0.25mg tablets <input type="radio"/> 1mg tablets	<b>Established Patients (have already completed dose titration):</b> <input type="radio"/> Take 1mg by mouth daily <input type="radio"/> Take 2mg by mouth daily	<input type="radio"/> 30 day supply	
<input type="radio"/> <b>PLEGRIDY™</b>	<b>Starter Pack:</b> <input type="radio"/> Prefilled syringe (1x63mcg/0.5ml, 1x94mcg/0.5ml) <input type="radio"/> Autoinjector pen (1x63mcg/0.5ml, 1x94mcg/0.5ml)	<b>Dose Titration:</b> <input type="radio"/> Inject 63mcg SQ on day 1 and 94mcg SQ on day 14	<input type="radio"/> Titration Dose: 28 day supply	<b>No Refills</b>
	<input type="radio"/> 125mcg/0.5ml PFS <input type="radio"/> 125mcg/0.5ml autoinjector	<input type="radio"/> <b>Maintenance Dose:</b> Inject 125mcg SQ every 14 days, starting on day 29	<input type="radio"/> Maintenance Dose: 28 day supply	
<input type="radio"/> <b>REBIF®</b>	<input type="radio"/> Titration Pack (8.8mcg/22mcg) (#12) <input type="radio"/> 22mcg/0.5ml PFS (#12) <input type="radio"/> 44mcg/0.5ml PFS (#12)	<b>Dose Titration:</b> <input type="radio"/> Inject 8.8mcg SQ 3x a week at weeks 1-2, 22mcg SQ 3x a week at weeks 3-4, and 44mcg SQ 3x a week at weeks 5+ (48 hours apart) <input type="radio"/> Inject 4.4mcg SQ 3x a week at weeks 1-2, 11mcg SQ 3x a week at weeks 3-4, and 22mcg SQ 3x a week at weeks 5+ (48 hours apart)	<input type="radio"/> Titration Dose: 28 Day Supply (12 pens or syringes) <input type="radio"/> Maintenance Dose: 28 Day Supply	
<input type="radio"/> <b>REBIF® REBIDOSE® Autoinjector</b>		<input type="radio"/> <b>Maintenance:</b> Inject 22mcg (0.5ml) SQ 3x a week (48 hours apart) <input type="radio"/> <b>Maintenance:</b> Inject 44mcg (0.5ml) SQ 3x a week (48 hours apart) <input type="radio"/> Other Regimen:		
<input type="radio"/> <b>Other Specialty:</b>				

**Injection Training**

<input type="radio"/> Patient received injection training	<input type="radio"/> Prescriber's office to provide injection training	<input type="radio"/> 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.