meijer specialty pharmacy

P: 800-657-2212 • F: 888-592-7723
www.meijerspecialtypharmacy.com

Multiple Sclerosis (A-G)

Avonex®, Bafiertam™, Betaseron®, Copaxone®, Glatiramer Acetate, Glatopa®, Dalfampridine, Extavia®, Gilenya®

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
◯ **AVONEX®** ◯ **PFS** ◯ **Pen** ◯ **Lypholized Pwdr Vial**	◯ 30mcg/0.5ml (#4)	◯ Inject 30mcg IM once weekly ◯ **Other Regimen:**	28 Day Supply	
◯ **BAFIERTAM™** **Monomethyl fumarate**	◯ 95mg capsules	◯ **Starter Dose:** Take 1 capsule (95mg) by mouth twice daily for 7 days, then take 2 capsules (190mg) by mouth twice daily thereafter	1 bottle (120 capsules)	**No Refills**
		◯ **Maintenance Dose:** Take 2 capsules (190mg) by mouth twice daily	30 Day Supply	
◯ **BETASERON®**	◯ 0.3mg kit PFS (#14)	◯ **Dose Titration:** ◯ **Other Regimen:** 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:** Inject 0.25mg/1ml SQ QOD	28 Day Supply	
◯ **COPAXONE®** ◯ **GLATIRAMER ACETATE®** ◯ **GLATOPA®**	◯ 20mg/ml PFS (#30)	◯ Inject 20mg SQ QD	30 Day Supply	
	◯ 40mg/ml PFS (#12)	◯ Inject 40mg SQ 3x a week (at least 48 hours apart)	28 Day Supply	
◯ **DALFAMPRIDINE** **(generic Ampyra®)**	◯ 10mg tablets (#60)	◯ Take 1 tablet by mouth every 12 hours	30 Day Supply	
◯ **EXTAVIA®**	◯ 0.3mg kit PFS (#15)	◯ **Dose Titration:** ◯ **Other Regimen:** 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		
◯ **GILENYA®**	◯ 0.5mg capsule (#30)	◯ Take 0.5mg by mouth QD	◯ 30 Day Supply ◯ 60 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.