meijer specialty pharmacy

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Multiple Sclerosis (E-P)

Extavia®, Gilenya®, Kesimpta®, Mayzent®, Plegridy™

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

Prescriber Information

Prescriber Name:		◯ MD ◯ DO ◯ NP ◯ 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: ◯ M ◯ F	Weight:	Height:	Diabetic: ◯ Y ◯ N
Address:	City:	State:	Zip:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? ◯ Y ◯ 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:	◯ 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, please include neurology consult if available ◯ Y ◯ N	◯ Other:	Number of relapses in past year:	Last MRI date: / /	Any MRI 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:** ◯ 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	
◯ **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	
◯ **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

Substitution Permitted

Prescriber Signature:	Date

Dispense as Written

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

MSP-Burbank-MS-031221