meijer specialty pharmacy

P: 1-855-263-4537 • F: 1-866-922-3220
www.meijerspecialtypharmacy.com

Multiple Sclerosis (A-0)

Avonex®, Betaseron®, Copaxone®, Dalfampridine, Extavia®, Gilenya®, Glatiramer Acetate, Glatopa®, Mayzent®

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

Prescriber Information

Prescriber Name:		◯ MD ◯ DO ◯ NP ◯ PA	NPI:
Office Contact:		Practice Name / Supervising MD: Abington Neurological Associates	
Address: 1151 Old York Road, Suite 200		City: Abington	
State: PA	Zip: 19001	Phone: 215-957-9250	Fax: 215-957-9254

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
◯ **AVONEX®** ◯ PFS ◯ Pen ◯ Lypholized Pwdr Vial	◯ 30mcg/0.5ml (#4)	◯ Inject 30mcg IM once weekly ◯ Other Regimen:	28 Day Supply	
◯ **BETASERON®**	◯ 0.3mg kit PFS (#14)	◯ **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 ◯ Other Regimen: ◯ **Maintenance Dose:** Inject 0.25mg/1ml SQ QOD		
◯ **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:** 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 ◯ Other Regimen: ◯ **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	
◯ **MAYZENT®**	Please fax Mayzent® Prescription Start Form to Mayzent's HUB (Alongside MS™) at 1-877-750-9068.			
◯ **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.