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Multiple Sclerosis (Q-Z)

Rebif®, Rebif® Rebidose® Autoinjector, Tecfidera®, Vumerity®, Zeposia®

pharmacy																					
Prescriber Information																					
Prescriber Name:										MD)	DO	NP	PA		NPI:					
Office Contact:							Pi	ractice Na	me / Colla	boratin	g MD	:									
Address:						City:								State			Z	ip:			
Phone:																					
Patient Information • PLEASE SE	END COPY OF IN	NSURANO	CE CARD																		
Patients Name: Last 4 Digits of S					S#: DOB			/	/	Sex:	М	F	Weigh	nt:		Height:		Dia	betic?	Υ	N
Address:						City:							State:			Zip:					
Home Phone:		Work/Cell					HIPPA Contact:							Emerge	rgency #:						
Interpreter Needed? Y N	Allergies: Y	N	If Yes, list a	allergies:																	
Insurance Information																					
Primary Insurance:			Policy ID):			Grou	ıp#:				BIN:					PCN:				
Policyholder Name:							Pe	olicyholde	DOB:	/	/										
Clinical Information • PLEASE SI	END COPY OF I	/IEDICAL	AND PRESC	CRIPTION	INSURAN	ICE CAR	DS, PR	ROGRESS	NOTES A	ND LAE	REF	PORTS,	SUPP	ORTIN	G DIAGN	NOSIS, CO	-MORBI	DITIES	AND LA	B VAL	.UES
ICD-10/Diagnosis Code: Multiple Sc	elerosis (G35)	Other:										Ha	s patie	nt beer	previous	sly treated	for this c	condition	n? Y	N	
Type: Clinically is	olated syndrome	e Rela	psing-Remitt	ting F	Primary Prog	gressive	Se	condary F	rogressive			_									
Prior failed medication (medication and o	duration of treatr	ment/reas	son for d/c):																		
Patient currently on therapy? Y N	Medication(s):								Will	patie	ent be s	topping	g above	medicat	tion before	starting	new the	erapy?	Υ	N
Discontinuation Date: / /	Is prescriber	a Neurolo	gist? If no, in	ıclude net	urology cons	sult if av	ailable	Y	N Othe	er:											
Number of relapses in past year:	1	Las	st MRI Date:	/	/ Ar	ny chang	ges?	Y N	Is patie	nt pregn	ant, r	nursing	or plan	ning pr	regnancy	? Y	N I	N/A			
Serum Creatinine:								Creatinii	ie Clearar	ce:											
Prescription Information																					
		oco/Stro	angth						01.							0	uantity			Refills	c
Medication Dose/Strength					Sig											Quantity				Kellik	3
					Dose Tit	tration:			Sig							٠,					
REBIF® REBIDOSE® Autoinjector	Titration Pa 22mcg/0.5 44mcg/0.5	5ml PFS (#		#12)	Inject 8. and 44i Inject 4. and 22i Mainter	.8mcg S mcg SQ .4mcg S mcg SQ nance D	3x a wee Q 3x a w 3x a wee ose: Inje ose: Inje	week at weel week at weel week at weel ect 22mcg ect 44mcg	eks 1-2, 2 s 5+ (48 eks 1-2, 1 s 5+ (48 (0.5ml) S	nours ap 1mcg S nours ap Q 3x a v	oart) Q 3x (oart) veek (a week 48 hou	at wee	ks 3-4, t)		Titration 28 Day Su (12 pens o	n Dose: pply or syringe nance D				
REBIF® REBIDOSE®	22mcg/0.5 44mcg/0.5	ömi PFS (# ömi PFS (#	±12)	NV)	Inject 8. and 44i Inject 4. and 22i Mainter Mainter Other Re	.8mcg S mcg SQ .4mcg S mcg SQ nance D nance D egimen:	3x a wee Q 3x a wee 3x a wee ose: Inje ose: Inje	ek at weel week at we ek at weel ect 22mcg	eks 1-2, 2 s 5+ (48 eks 1-2, 1 s 5+ (48 (0.5ml) S (0.5ml) S	nours ap 1mcg S nours ap Q 3x a w Q 3x a w	oart) Q 3x (oart) week (week (a week 48 hou 48 hou	at wee	ks 3-4, t) t)		Titration 28 Day Su (12 pens o Mainte	n Dose: pply or syringe nance Do	ose:		o Refi	ills
REBIF® REBIDOSE®	22mcg/0.5 44mcg/0.5	oml PFS (# oml PFS (# arter Pack)	£12) £12)	NV)	Inject 8. and 44! Inject 4. and 22! Mainter Mainter Other Re Titratior	.8mcg S mcg SQ .4mcg S mcg SQ nance D nance D egimen: n Starter	3x a wee Q 3x a wee 3x a wee ose: Inje ose: Inje	ek at weel week at weel ect 22mcg ect 44mcg	eks 1-2, 2 s 5+ (48 eks 1-2, 1 s 5+ (48 (0.5ml) S (0.5ml) S	nours ap 1mcg S nours ap Q 3x a w Q 3x a w	part) Q 3x (part) week (week (daily (a week 48 hou 48 hou	at wee	ks 3-4, t) t)		Titration 28 Day Su _l (12 pens o Mainte 28 Day Su _l 1 pack (3	n Dose: pply or syringe nance Do	upply)	N	o Refi o Refi	
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REBIF® REBIDOSE® Autoinjector	22mcg/0.5 44mcg/0.5 Titration Sta	oml PFS (#	£12) £12)	NV)	Inject 8. and 44t Inject 4. and 22t Mainter Mainter Other Re Titration twice daily t	.8mcg S mcg SQ .4mcg S mcg SQ nance D nance D egimen: n Starter thereafte Dose: Ta	3x a wee Q 3x a wee 3x a wee ose: Inje ose: Inje r Pack: er uke 120r	rek at weel week at weel week at weel ect 22mcg ect 44mcg Take 120r mg by mou	eks 1-2, 2 s 5+ (48) eks 1-2, 1 s 5+ (48) (0.5ml) S (0.5ml) S	nours ap 1mcg S nours ap Q 3x a w Q 3x a w th twice	part) Q 3x part) week (week (daily	a week 48 hou 48 hou	at wee	ks 3-4, t) t)		Titration 28 Day Sul (12 pens o Mainte 28 Day Sul 1 pack (3 7 Da 30 D	n Dose: pplly or syringe nance Dopply 80 Day So	upply) y	N		
REBIF® REBIDOSE® Autoinjector TECFIDERA® TERIFLUNOMIDE	22mcg/0.5 44mcg/0.5 Titration Sta 120mg cap 240mg cap	omi PFS (# fimi PF	£12) £12)	oly) .	Inject 8. and 44I Inject 4. and 22I Mainter Mainter Titratior twice daily t Starter I Mainter Take 1 ta	.8mcg S mcg SQ .4mcg SQ mcg SQ mcg SQ nance D egimen: n Starter thereafte Dose: Ta	3x a wee Q 3x a wee Q 3x a wee 3x a wee ose: Inje ose: Inje r Pack: er ake 120r ose: Take mouth o	rek at weel week at weel week at weel ect 22mcg ect 44mcg Take 120r mg by mou	eks 1-2, 2 s 5+ (48 eks 1-2, 1 s 5+ (48 (0.5ml) S (0.5ml) S (0.5ml) S	nours ap 1mcg S nours ap Q 3x a w Q 3x a w th twice	oart) Q 3x oart) veek (week (daily	48 hou	rs apar	tt) tt)		Titration 28 Day Sul (12 pens o Mainte 28 Day Sul 1 pack (3	n Dose: pply or syringe nance Dopply 80 Day So ay Supply	upply) y ly	N N		ills
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REBIF® REBIDOSE® Autoinjector TECFIDERA® TERIFLUNOMIDE Generic Aubagio ®	22mcg/0.5 44mcg/0.5 Titration Sta 120mg cap 240mg cap 7mg tablets 14mg table	Sml PFS (#	#12) #12) (30 day supp	oly) .	Inject 8. and 44I Inject 4. and 22I Mainter Other Re Titration Titration Wainter Take 1 ta Starter I 231mg capa Mainter	.8mcg S mcg SQ .4mcg SQ .4mcg SQ mcg SQ mance D egimen: n Starter thereafte Dose: Ta ablet by Dose: Ta sules) by	3x a wee Q 3x a w a wee Q 3x a w a wee Q 3x a w a wee See: Inject	rek at weel week at weel week at weel week at weel ect 22mcg ect 44mcg Take 120r mg by mou we 240mg daily mg by mou twice daily	eks 1-2, 2 s 5+ (48 leks 1-2, 1 s 5+ (48 leks 1-2, 1 s 5+ (48 leks 1-6) leks 5+ (48 leks 1-6) leks 6 leks 1 s 1 leks 6 leks 1 leks 6 le	nours are 11mog S nours are 20 ava w 20	part) Q 3x: part) veek (veek (daily: daily:	a week 48 hou 48 hou for 7 da	at weel rs aparts apart	oks 3-4, tt) tt) a 240m		Titration 28 Day Su (12 pens o Mainte: 28 Day Su 1 pack (3 7 Da 30 D 30 D	n Dose: pply or syringe nance Dopply 80 Day So ay Supply bay Supply bay Supply bay Supply bay Supply	upply) y ly ly	N N	o Refi	ills
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REBIF® REBIDOSE® Autoinjector TECFIDERA® TERIFLUNOMIDE Generic Aubagio ® VUMERITY® ZEPOSIA®	22mcg/0.5 44mcg/0.5 44mcg/0.5 Titration Sta 120mg cap 240mg cap 7mg tablets 14mg table 231mg cap	omi PFS (# fimi PF	(30 day supp	oly)	Inject 8. and 44I Inject 4. and 22I Mainter Other Re Titration twice daily t Starter I Mainter Take 1 ta Starter I 231mg capa Mainter Starter I days 5-7, the	.8mcg S mcg SQ .4mcg SQ .4mcg SQ mcg SQ mance D egimen: n Starter thereafte Dose: Ta ablet by Dose: Ta sules) by nance D	3x a wee Q 3x a w a wee Q 3x a w a wee Q 3x a w a wee See: Inje ose: Inje ose: Inje ose: Inje ose: Take Mouth Cose: Take Mout	rek at weel week at weel week at weel week at weel ect 22mcg ect 44mcg Take 120r mg by mou wee 240mg daily mg by mou twice daily	eks 1-2, 2 s 5+ (48 leks 1-2, 1 s 5+ (48 l (0.5ml) S (0.5ml) S (0.5ml) S h twice dathereafter two 231m	nours are 1 mog S nours are Q 3x a w Q	part) Q 3x: part) veek (veek (daily: daily:	a week 48 hou 48 hou for 7 da hen tak mouth	et weel rs apar rs apa	ss 3-4, tt) 1 240m	ig .	Titration 28 Day Su (12 pens o Mainte 28 Day Su 1 pack (3 7 Da 30 D 30 D 30 D 1 pack (3 7 Da 1	n Dose: pply or syringe nance Dopply 80 Day So ay Supply bay Supply bay Supp bay Supp bay Supp bay Supp bay Supp	upply) y ly ly	N N	o Refi	ills
REBIF® REBIDOSE® Autoinjector TECFIDERA® TERIFLUNOMIDE Generic Aubagio ® VUMERITY® ZEPOSIA® Injection Training	22mcg/0.5 44mcg/0.5 Titration Sta 120mg cap 240mg cap 7mg tablets 14mg table 231mg cap Starter Pac Starter Kit (omi PFS (# fmi PFS (#	(30 day supply) upply) Presc Meijer and its	criber's of	Inject 8. and 44I Inject 4. and 22I Mainter Other Re Titration twice daily t Starter I 231mg cap: Mainter Starter I days 5-7, the Mainter I days 5-7, the Mainter I days 5-7, the Mainter I fiftee to provide the same and the sa	.8mcg S mcg SQ .4mcg SQ .4mcg SQ mcg SQ mance D egimen: a Started thereafte Dose: Ta sules) by Dose: Ta sules) by Dose: Ta	3x a wee Q 3x a w Q 3x a w Sse: Inje Sse: Inje Sse: Inje Sse: Tak Mouth C Sse: Tak	week at zero zero zero zero zero zero zero zero	eks 1-2, 2 is 5+ (48 is 60.5ml) S is 5+ (48 is 60.5ml) S is 60.5ml) S is 60.5ml by mouth the second of the	nours are 1 mog S nours are 1 mog S nours are 2 Q 3x a w Q 3x a w Q 3x a w w with twice wide daily lift for 7 c d are 2 Q 3x a w w with twice daily lift for 7 c d are 2 Q 3x a w w w with twice daily lift for 7 c d are 2 Q 3x a w w w w w w w w w w w w w w w w w w	part) Q 3x; part) veek (veek (daily days, t days, t t, thees) by	a week 48 hou 48 hou for 7 da hen tak mouth n 0.46r	e 462m daily	sks 3-4, tt) tt) a 240m	ate injec	Titration 28 Day Su (12 pens o Mainte: 28 Day Su 1 pack (3 7 Da 30 D 30 D 1 pack 30 D	n Dose: pply or syringe nance Dopply 80 Day Si ay Supply Day Supp Day Supp Day Supp Day Supp Day Supp	upply) y ly ly ly upply)	N N	o Refi	ills

MSP-MultipleSclerosis-Central-032123

Dispense as written

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