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New/Changed Dose

Multiple Sclerosis (Q-Z)

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

Dreseviber Information																
Prescriber Information Prescriber Name:						М	יחו	DO	NP F	Λ	NPI:					
				Duna	ation Name /				NP F	Α	INFI.					
Office Contact:			Cit	Prac	ctice Name /	Collaborati	rig iviD:		C+	nto.		7in.				
Address:			City:						St	ate:		Zip:				
Phone:	Fax:															
Patient Information • PLEASE SI		÷+£00#-		DOD:	, ,			_	M/=:=lede		I I a i elata	D:	1 " O Y			
Patients Name:	Last 4 Dig	its of SS#:	0:5	DOB:	/ /	Sex:	М	F	Weight:		Height:		abetic? Y	N		
Address:	Mode (Colle		City:	LUID	AA Contooti				St	ate:	7000 H	Zip:				
Home Phone:	Work/Cell:	-t -lld		HIPA	AA Contact:					Emerg	gency #:					
Interpreter Needed? Y N	Allergies: Y N If Yes, Iis	st allergies:														
Insurance Information	Delia	· ID-		0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>u</i> .			DINI				DOM:				
Primary Insurance:	Policy	ID:		Group #		,		BIN:				PCN:				
Policyholder Name:					cyholder DOB	•	/									
Clinical Information • PLEASE S		SCRIPTION INSU	JRANCE CAF	RDS, PRO	GRESS NOTE	S AND LA	IB REP							UES		
	clerosis (G35) Other:							Has	s patient b	een previo	usly treated f	or this condition	n? Y N			
	olated syndrome Relapsing-Ren		y Progressive	e Seco	ondary Progres	ssive										
Prior failed medication (medication and		e):														
	Medication(s):						ill patie	nt be s	topping at	ove medic	ation before	starting new th	erapy? Y	N		
Discontinuation Date: / /	Is prescriber a Neurologist? If no,	-				Other:										
Number of relapses in past year:	Last MRI Dat	e: / /	Any chan			atient preg	gnant, n	ursing	or plannin	g pregnand	cy? Y	N N/A				
Serum Creatinine:				C	Creatinine Cle	arance:										
Prescription Information																
Medication	Dose/Strength				9	ig					Qu	antity	Refills			
						-5								8		
REBIF® REBIF® REBIDOSE® Autoinjector	Titration Pack (8.8mcg/22mcg 22mcg/0.5ml PFS (#12) 44mcg/0.5ml PFS (#12)	Inj an Inj an Ma	nd 44mcg SQ ect 4.4mcg S nd 22mcg SQ nintenance D	SQ 3x a week 2 3x a week SQ 3x a week 2 3x a week Dose: Inject Dose: Inject	ek at weeks 1 at weeks 5+ ek at weeks 5 at weeks 5+ t 22mcg (0.5r t 44mcg (0.5r	-2, 22mcg (48 hours a -2, 11mcg (48 hours a nl) SQ 3x a	apart) SQ 3x a apart) week (4	a week 48 hou	at weeks 3		Titration 28 Day Sup (12 pens or Mainter 28 Day Sup	pply syringes) nance Dose:		S		
REBIF® REBIDOSE®	22mcg/0.5ml PFS (#12)	lnj an lnj ar lnj ar lnj ar lnj ar Mæ Mæ Ott	ect 8.8mcg S ad 44mcg SQ ect 4.4mcg S ad 22mcg SQ aintenance D aintenance D ner Regimen	SQ 3x a week 2 3x a week SQ 3x a week 3x a week 2 3x a week Dose: Inject Dose: Inject :	ek at weeks 1 at weeks 5+ ek at weeks 1 at weeks 5+ t 22mcg (0.5r	-2, 22mcg (48 hours a -2, 11mcg (48 hours a nl) SQ 3x a nl) SQ 3x a	apart) SQ 3x a apart) week (4 week (4	a week 48 hou 48 hou	at weeks 3 rs apart) rs apart)	-4,	28 Day Sup (12 pens or Mainter 28 Day Sup	pply syringes) nance Dose:	No Refil			
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REBIF® REBIDOSE® Autoinjector	22mcg/0.5ml PFS (#12) 44mcg/0.5ml PFS (#12) Titration Starter Pack (30 day su	Inj an In	ect 8.8mcg S ad 44mcg SQ ect 4.4mcg SQ dd 22mcg SQ aintenance D aintenance D ner Regimen: ration Starte daily thereaft	SQ 3x a week Q 3x a week SQ 3x a week Q 3x a week Q 3x a week Dose: Inject I: er Pack: Tal ter	ek at weeks 1: at weeks 5+ ek at weeks 1: at weeks 5+ t 22mcg (0.5r t 44mcg (0.5r	-2, 22mcg (48 hours a -2, 11mcg (48 hours a nI) SQ 3x a nI) SQ 3x a mouth twice	apart) SQ 3x a apart) week (4 week (4	a week 48 hou 48 hou	at weeks 3 rs apart) rs apart)	-4,	28 Day Sup (12 pens or Mainter 28 Day Sup 1 pack (3	oply syringes) nance Dose: oply O Day Supply)		lls		
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If brand is required, please write "DAW" in the box to the right.
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