

New/Changed Dose
**Multiple Sclerosis (Q-Z) Rebif®, Rebif® Rebidose® Autoinjector,
Tecfidera®, Vumerity®, Zeposia®**
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

Patient's Name _____ Last 4 Digits of SS# _____ DOB / /
 Sex M F Weight _____ Height _____ Diabetic? Y N
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work/Cell _____ HIPAA 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
REBIF® REBIF® REBIDOSE® Autoinjector	Titration Pack (8.8 mcg/22 mcg) (#12) 22 mcg/0.5 ml PFS (#12) 44 mcg/0.5 ml PFS (#12)	Dose Titration: Inject 8.8 mcg SQ 3x a week at weeks 1-2, 22 mcg SQ 3x a week at weeks 3-4, and 44 mcg SQ 3x a week at weeks 5+ (48 hours apart) Inject 4.4 mcg SQ 3x a week at weeks 1-2, 11 mcg SQ 3x a week at weeks 3-4, and 22 mcg SQ 3x a week at weeks 5+ (48 hours apart) Maintenance Dose: Inject 22 mcg (0.5 ml) SQ 3x a week (48 hours apart) Maintenance Dose: Inject 44 mcg (0.5 ml) SQ 3x a week (48 hours apart) Other Regimen _____	Titration Dose: 28 Day Supply (12 pens or syringes) Maintenance Dose: 28 Day Supply	
	Titration Starter Pack (30 day supply)	Titration Starter Pack: Take 120 mg by mouth twice daily for 7 days, then 240 mg twice daily thereafter	1 pack (30 Day Supply)	No Refills
	120 mg capsules	Starter Dose: Take 120 mg by mouth twice daily for 7 days	7 Day Supply	No Refills
	240 mg capsules	Maintenance Dose: Take 240 mg by mouth twice daily	30 Day Supply	
VUMERITY®	231 mg capsules	Starter Dose: Take 231 mg by mouth twice daily for 7 days, then take 462 mg (two 231 mg capsules) by mouth twice daily thereafter	30 Day Supply	No Refills
		Maintenance Dose: Take 462 mg (two 231 mg capsules) by mouth twice daily	30 Day Supply	
ZEPOSIA®	Starter Pack (7 day supply) Starter Kit (28 day supply)	Starter Dose: Take 0.23 mg by mouth daily on days 1-4, then 0.46 mg daily on days 5-7, then 0.92 mg daily thereafter	1 package	No Refills
	0.92 mg capsules	Maintenance Dose: Take 1 capsule by mouth daily	30 Day Supply	

Injection Training

Patient received injection training Prescriber's office to provide injection training
Community Memorial Healthcare to coordinate injection training

By signing this form and utilizing our services, you are authorizing Community Memorial Healthcare and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature _____

Substitution Permitted

Date _____

Prescriber Signature _____

Dispense as Written

Date _____

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