



**Interferon beta-1a (Avonex / Rebif)**  
Patient Referral Form

**Infusion Specialist**

**c:**

**e:**

**PATIENT INFORMATION**

Date:	Patient Name:	Last 4 SSN	DOB:
Address:	City:	ST:	Zip:
Primary Phone:	Work Phone:		
Gender: M F	Weight lbs/kg:	ICD-10 code:	ICD-10 Description:
<b>Patient Status:</b> <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy <input type="checkbox"/> Next Due Date (if applicable): _____			
<b>Primary Insurance:</b>		<b>Secondary Insurance:</b>	
<b>Member#:</b>	<b>Group#:</b>	<b>Member#:</b>	<b>Group#:</b>

**ATTACH DOCUMENTS TO FAX**

- Copy of insurance card(s)
- Labs
- Immunization results, include HBV and TB
- Patient demographics
- H&P (clinical)
- Other: \_\_\_\_\_

**Interferon beta 1a (AVONEX)**

- 30 mcg PFS  30 mcg single dose vl.
- 30 mcg Avonex Pen (single dose)

**SIG:**  Inject 30 mcg intramuscularly once weekly

- Dose Titration
  - Week 1 – inject 7.5mcg IM
  - Week 2 – inject 15 mcg IM
  - Week 3 – inject 22.5 mcg IM
  - Week 4+ - inject 30mcg IM

- QTY:**  4 week supply (1 kit)  
 12 week supply (3 kits)

**Refills:** \_\_\_\_\_

**Interferon beta 1a (REBIF)**

- 0.3 mg vial

**SIG:**  Inject 0.25mg (1 ml) sub-c every other day

- Dose Titration
  - Weeks 1-2 - inject 0.0625mg/0.25mL
  - Weeks 3-4 - inject 0.125mg/0.50mL
  - Weeks 5-6 - inject 0.1875mg/0.75mL
  - Week 7+ - -inject 0.25mg/1mL

- QTY:**  28-day supply (1 kit/14 vials)  
 84-day supply (3 kits/42 vials)

**Refills:** \_\_\_\_\_

**PROVIDER INFORMATION**

*By signing I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment. Axiva Health Solutions, Inc., has my permission to contact the patient's health plan to obtain authorizations necessary to enable it to receive payment for services.*

Physician Name:	NPI:	DEA:	License:
Address:	City:	ST:	Zip:
Phone:	Fax:	Office Contact:	

\_\_\_\_\_  
Physician Signature Required – Substitution Permitted      Date

\_\_\_\_\_  
Physician Signature Required – Dispense as Written      Date