Vumerity®

Phone: (346) 708-5160
Fax: (888) 963-8103
www.biotekrx.com

PATIENT INFORMATION (Complete or fax existing chart)	PRESCRIBER INFORMATION
Patient Name: ______	Prescriber Name: ______
Address: ______	State License: ______ NPI #: ______
City, State, Zip: ______	DEA: ______ Phone: ______
Phone: ______ 2nd Phone: ______	Address: ______ Fax: ______
DOB: ______ Gender: ☐ Male ☐ Female	City, State, Zip: ______
Weight: ______ Ht: ______ Date: ______	Contact Person: ______
E-mail address: ______	Phone: ______

INSURANCE INFORMATION: Copy and attach the front and back of insurance and prescription card(s)	
Primary Insurance: ______	RX Card (PBM): ______
City, State, Zip: ______	BIN: ______ PCN: ______
Member ID #: ______ Phone: ______	City, State, Zip: ______
Plan #: ______ Group #: ______	Plan #: ______ Group #: ______

DIAGNOSIS / CLINICAL INFORMATION	
Primary ICD-10 code:	
Pregnant: ☐ Yes ☐ No	
☐Hep B panel:	
☐Quantitative Immunoglobulin	
Tried and failed medications:	
☐NKDA ☐Known drug allergies:	
Concurrent Meds:	
Expected date of first/next injection:	Date of last injection (if relevant):
Agency nurse to visit home for injection: Yes or No	Agency name & telephone:

PRESCRIPTION / ADMINISTRATION

Medication	Strength/Formulation	Directions	Quantity/Refills
☐ Vumerity™ (diroximel fumarate)	☐ 231mg delayed-release capsules	☐ Starting dose: take 231mg capsule twice a day for 7 days. ☐ Maintenance dose after 7 days: 462mg (administered as two 231mg capsules) twice a day, orally.	Supply: ❑ 30-day ❑ 90-day ❑ Other ______ Refills ______

PRESCRIBER'S SIGNATURE

X ______________________ Date: ______________
(Product Substitution Permitted)

CONFIDENTIALITY STATEMENT: This facsimile and documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited.

If you have received this information in error, please notify the sender at the address and telephone number set forth herein and arrange for return or destruction of the material. In no event should such material be read by anyone other than the named addressee, except by express authority of the sender to the named addressee.

Fax completed form to: (888) 963-8103 - Thank you for using BioTek reMEDys®