



Instructions for Patients



How do I get started?

- 1 Read the Patient Consent Information and sign as indicated in the shaded area of the Start Form.**
This will enable you to enroll in the Above MS™ program from Biogen, which provides support services such as the **\$0 Copay Program** (see AVONEX.com for eligibility guidelines).
- 2 Be sure to include your email address in the space provided.**
By giving us your email address, you can stay up to date on the latest news about AVONEX®.
- 3 Your doctor fills out the rest of the Start Form.**
You're done. Your doctor will fax us the Start Form.

What happens next?

-  You can expect to receive several important phone calls. These calls will come from an Above MS Support Coordinator and from your AVONEX pharmacy.
–You'll see either 919-993-7000, a 1-800 number, or “unknown” on your caller ID. **Please be sure to answer when you see these calls.** They are intended to aid you in getting started on AVONEX as smoothly and quickly as possible.
-  Your prescription can be shipped directly to your home.

Support is here if you need it through Biogen's Above MS services

-  For those who qualify, insurance and financial assistance support is available, including the \$0 Copay Program for eligible patients. Visit AVONEX.com for enrollment details.
 -  Above MS Nurse Educators are there to provide additional support to you and your care partner with injection technique and to respond to questions you may have. They are available by phone 24 hours a day, 7 days a week.
- If you have any questions or want to learn more about AVONEX, please call 1-800-456-2255 or visit AVONEX.com.**

Indication

AVONEX (interferon beta-1a) is approved by FDA to treat relapsing forms of multiple sclerosis (MS) to decrease the number of flare-ups and slow the occurrence of some of the physical disability that is common in people with MS. AVONEX is approved for use in people who have experienced a first attack and have lesions consistent with MS on their MRI.

Important Safety Information

Do not take AVONEX if you are allergic to interferon beta, albumin (human), or any of the ingredients in AVONEX.

Before beginning treatment, you should discuss with your healthcare provider the potential benefits and risks associated with AVONEX.

AVONEX can cause serious side effects. Tell your healthcare provider right away if you have any of the symptoms listed below while taking AVONEX.

- Behavioral health problems including depression, suicidal thoughts or hallucinations.** Some people taking AVONEX may develop mood or behavior problems including irritability (getting upset easily), depression (feeling hopeless or feeling bad about yourself), nervousness, anxiety, aggressive behavior, thoughts of hurting yourself or suicide, and hearing or seeing things that others do not hear or see (hallucinations).
- Liver problems, or worsening of liver problems including liver failure and death. Symptoms may include** nausea, loss of appetite, tiredness, dark colored urine and pale stools, yellowing of your skin or the white part of your eye, bleeding more easily than normal, confusion, and sleepiness. During your treatment with AVONEX you will need to see your healthcare provider regularly and have regular blood tests to check for side effects.
- Serious allergic reactions and skin reactions. Symptoms may include** itching, swelling of the face, eyes, lips, tongue or throat, trouble breathing, anxiousness, feeling faint, and skin rash, hives, sores in your mouth, or your skin blisters and peels.

AVONEX will not cure your MS but may decrease the number of flare-ups of the disease and slow the occurrence of some of the physical disability that is common in people with MS. MS is a life-long disease that affects your nervous system by destroying the protective covering (myelin) that surrounds your nerve fibers.

The way AVONEX works in MS is not known. It is not known if AVONEX is safe and effective in children.

Before taking AVONEX, tell your healthcare provider if you:

- are being treated for a mental illness, or had treatment in the past for any mental illness, including depression and suicidal behavior
- have or had bleeding problems or blood clots, have or had low blood cell counts, have or had liver problems, have or had seizures (epilepsy), have or had heart problems, have or had thyroid problems, have or had any kind of autoimmune disease (where the body's immune system attacks the body's own cells), such as psoriasis, systemic lupus erythematosus, or rheumatoid arthritis
- drink alcohol
- are pregnant or plan to become pregnant. It is not known if AVONEX will harm your unborn baby. Tell your healthcare provider if you become pregnant during your treatment with AVONEX

- are breastfeeding or plan to breastfeed. It is not known if AVONEX passes into your breast milk. You and your healthcare provider should decide if you will use AVONEX or breastfeed. You should not do both

Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements.

AVONEX can cause serious side effects including:

- Heart problems, including heart failure.** While AVONEX is not known to have any direct effects on the heart, a few patients who did not have a history of heart problems developed heart muscle problems or congestive heart failure after taking AVONEX. If you already have heart failure, AVONEX may cause your heart failure to get worse. Call your healthcare provider right away if you have worsening symptoms of heart failure such as shortness of breath or swelling of your lower legs or feet while using AVONEX.
 - Some people using AVONEX may have other heart problems including low blood pressure, fast or abnormal heart beat, chest pain, and heart attack or heart muscle problem (cardiomyopathy).
- Blood problems.** AVONEX can affect your bone marrow and cause low red and white blood cell, and platelet counts. In some people, these blood cell counts may fall to dangerously low levels. If your blood cell counts become very low, you can get infections and problems with bleeding and bruising.
- Seizures.** Some patients have had seizures while taking AVONEX, including patients who have never had seizures before.
- Infections.** Some people who take AVONEX may get an infection. Symptoms of an infection may include fever, chills, pain or burning with urination, urinating often, bloody diarrhea, and coughing up mucus.
- Thyroid problems.** Some people taking AVONEX develop changes in their thyroid function. Symptoms of thyroid changes include problems concentrating, feeling cold or hot all the time, weight changes, and skin changes.

Tell your healthcare provider right away if you have any of the symptoms listed above.

The most common side effects of AVONEX include:

- Flu-like symptoms.** Most people who take AVONEX have flu-like symptoms early during the course of therapy. Usually, these symptoms last for a day after the injection. You may be able to manage these flu-like symptoms by taking over-the-counter pain and fever reducers. For many people, these symptoms lessen or go away over time. Symptoms may include muscle aches, fever, tiredness, and chills.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please see full [Prescribing Information](#) and [Medication Guide](#) starting on page 5.

This information is not intended to replace discussions with your healthcare provider.

Patient Consent Information



Please read the following. If you agree, sign and date the corresponding section on the following page.

I. Authorization to Share Health Information

By signing this Authorization, I authorize my healthcare provider, my health insurance company, and my pharmacy providers ("Healthcare Entities") to disclose to Biogen, and companies working with Biogen (collectively, "Biogen"), health information relating to my medical condition, treatment, and insurance coverage for Biogen to provide me with (i) support services (and related information and materials) related to any of Biogen's products, including but not limited to, online support, financial assistance services, compliance and persistency and other therapy support services, (ii) conduct data analytics, market research and other internal business activities, and (iii) information about Biogen's products, services, and programs and other topics of interest for marketing, educational or other purposes. Once my health information has been disclosed to Biogen, I understand that federal privacy laws no longer protect the information. However, Biogen agrees to protect my health information by using and disclosing it only for purposes authorized in this Authorization or as required by law or regulations. I understand that my pharmacy provider may receive remuneration from Biogen in exchange for the health information and/or for any therapy support services provided to me.

I understand that I may refuse to sign this Authorization. I further understand that my treatment (including with a Biogen product), payment for treatment, insurance enrollment or eligibility for insurance benefits are not conditioned upon my agreement to sign this Authorization; but if I do not sign it or later cancel it, I will not be able to receive Biogen's therapy support services.

I may cancel this Authorization at any time by mailing a letter to: Biogen, 5000 Davis Drive, PO Box 13919, Research Triangle Park, NC, 27709 or visiting biogen.com/privacy. Canceling this Authorization will end my consent to further disclosure of my health information to Biogen by my Healthcare Entities after they are notified of my cancellation, but will not affect previous disclosures by them pursuant to this Authorization. Canceling this authorization will not affect my ability to receive treatment, payment for treatment, or my eligibility for health insurance.

This Authorization expires ten (10) years, or such shorter timeframe required by applicable law, from the day I sign it as indicated by the date next to my signature unless otherwise canceled earlier as set forth above.

Please sign in the space in Section **A** on the following page to authorize your consent.

II. Patient Services and Marketing/Other Communications Authorization

Patient Services

I authorize Biogen, and companies working with Biogen, to provide me with support services related to any of Biogen's products, including but not limited to: online support, financial assistance services, compliance and persistency and other therapy support services, as well as any information or materials related to such services. I agree and acknowledge that any nurse providing such support services is not employed by my healthcare professional. I authorize Biogen, and companies working with Biogen, to contact me to provide such services and information by mail, email, fax, telephone call, text message (including calls and text messages made with an automatic telephone dialing system or a prerecorded voice), and other mutually agreed upon means. I also authorize Biogen, and companies working with Biogen, to use my health information in connection with the services, including, without limitation, sharing such information with my healthcare provider, insurance provider, or pharmacy. I also authorize the disclosure of my health information to specific individuals that I have designated.

Marketing/Other Communications

I further authorize Biogen, and companies working with Biogen, to contact me by mail, email, fax, telephone call, and text message for marketing purposes or otherwise provide me with information about Biogen's products, services, and programs or other topics of interest, conduct market research or otherwise ask me about my experience with or thoughts about such topics. I understand and agree that any information that I provide may be used by Biogen to help develop new products, services, and programs. Note that Biogen will not sell or transfer your personal data to any unrelated third party for marketing purposes without your express permission. I understand that I may revoke this authorization and choose not to receive services or information from Biogen by mailing a letter to the address above or visiting biogen.com/privacy.

Please sign in the space in Section **B** on the following page to authorize your consent.

III. Opt-in for Automated Marketing Calls and Text Messages

I also consent to receive autodialed and prerecorded marketing calls and text messages from Biogen, and companies working with Biogen, at the telephone number(s) that I provide. I understand that my consent is not required as a condition of purchasing or receiving any goods or services from Biogen. I understand that I may revoke this authorization and choose not to receive automated marketing calls and text messages from Biogen by mailing a letter to the address above or visiting biogen.com/privacy.

Please check the box on Section **C** on the following page to authorize your consent.

Please see Important Safety Information on page 1 and full [Prescribing Information](#) and [Medication Guide](#) starting on page 5.

START FORM

Phone: 1-800-456-2255 Fax: 1-855-474-3067



Indicates required information



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A I. Authorization to Share Health Information

I have read and understand the Authorization to Share Health Information and agree to the terms.



Signature of patient or patient representative Date
If signed by patient representative, please explain authority to act on behalf of the patient.

B II. Patient Services and Marketing/Other Communications Authorization

I have read and understand the Patient Services and Marketing/Other Communications Authorization and agree to the terms.



Signature of patient or patient representative Date
In addition, I authorize the disclosure of my health information to the following designated individual(s) (optional):
Designated individual (print name) Relationship
Designated individual email Phone

C III. Marketing Opt-in

☐ I have read and understand Opt-in for Automated Marketing Calls and Text Messages and hereby agree to receive information from Biogen (optional).



Patient Information

☐ Male ☐ Female Date of birth
First name Last name
Address
City State Zip
Email
Home phone Preferred number ☐ OK to leave message
Cell phone Preferred number ☐ OK to leave message
Best time to reach me: ☐ Morning ☐ Afternoon ☐ Evening
Patient's preferred language

THE FOLLOWING INFORMATION SHOULD BE FILLED OUT BY YOUR HEALTHCARE PROVIDER



Prescription Information

☐ First Month of AVONEX® with Titration. Dispense: 1 AVONEX Prefilled Syringe Administration Pack (4 doses) and AVOSTARTGRIP® Titration Kit with no refills. Dispense AVOSTARTGRIP Titration Kit with no refills by Walgreens Specialty Pharmacy®.
1/4 dose on Week 1 1/2 dose on Week 2
3/4 dose on Week 3 Full dose on Week 4
Needle Size: 1-1/4" 23 Gauge Needle (included in package)
Alternate Needle Size: ☐ 1" 25 Gauge Needle (pharmacy to provide)
Administered: IM weekly

Ongoing Prescription for AVONEX. Based on Plan, Dispense:

☐ 1 AVONEX Administration Pack (4 doses)
☐ 3 AVONEX Administration Packs (12 doses)
Refills: 12 (may supply up to 3 months at a time). Administered: 30 mcg IM weekly

Select One Formulation:

☐ AVONEX PEN® | 5/8" 25 Gauge Needle | Alternate size not available
☐ AVONEX Prefilled Syringe | 1-1/4" 23 Gauge Needle (included in package)
☐ 1" 25 Gauge Needle (pharmacy to provide)

Pre/Post-treatment Instructions:

Training Notification

☒ I have discussed AVONEX with my patient and I believe that supplemental injection training by a Nurse Educator is appropriate.



Medical Benefit Information

Primary insurance Policy #
Group # Insurance company phone
Policyholder first name Policyholder last name

Statement of Medical Necessity

Primary diagnosis: ICD 10: G35
☐ No prior disease-modifying therapies
Prior therapy: Dates on therapy
Current or most recent therapy Dates on therapy
Other therapy Dates on therapy
Height: in/cm Weight: lbs/kg Allergies



Prescriber Information

First name Last name
Address
City State Zip
Phone Fax
NPI # State license # Tax ID #
Clinical/Hospital affiliation Office contact name Office contact phone
Best time to contact: ☐ Morning ☐ Afternoon



Pharmacy Benefit Information

Attach copies of both sides of patient's pharmacy benefit card(s).
☐ Check if no coverage ☐ Check if patient has secondary insurance
Patient's preferred specialty pharmacy



Prescriber Authorization*

I authorize Biogen as my designated agent and on behalf of my patient to (1) forward the above Statement of Medical Necessity and furnish any information on this form to the insurer of the above-named patient and (2) forward the above prescription, by fax or other mode of delivery, to the pharmacy chosen by the above-named patient. I certify that the rationale for prescribing AVONEX therapy is for a primary diagnosis of ICD 10: G35, and I will be supervising the patient's treatment accordingly.

Prescriber signature (substitution permitted). Signature stamps not acceptable.

Date

*In New York, please attach copies of all prescriptions on Official New York State Prescription forms.

Prescriber signature (dispense as written). Signature stamps not acceptable.

Date

Instructions for Healthcare Providers

To prescribe AVONEX[®] (interferon beta-1a), please follow these steps:

- 1** After discussing AVONEX with your patient, have your patient read the Patient Consent Information and, if interested, sign the indicated areas on the accompanying Start Form.
Biogen takes your patient's confidentiality seriously. While patients are not required to sign the Start Form in order to receive AVONEX, signing both lines will expedite their enrollment in the Above MS[™] program from Biogen, which provides support services such as the **\$0 Copay Program** (see AVONEX.com for eligibility guidelines). In addition, with both signatures Biogen can access your patient's prescription status should you or your patient need assistance.
- 2** Complete the rest of the Start Form.
Copy both sides of the patient's medical insurance card and pharmacy benefit card, if available. In some cases, the medical and pharmacy cards may be the same.
- 3** Give your patient the Instructions for Patients and Patient Consent Information pages.
Then, fax the Start Form to 1-855-474-3067. Prescriptions are only valid when received via fax.

Your patient will be contacted by an AVONEX pharmacy to arrange for delivery of the prescription.

Please be sure that all sections of the Start Form are filled out. Incomplete areas may delay the start of treatment.

We are here to help.

**If you have any questions or want to learn more about AVONEX,
please call 1-800-456-2255 or visit AVONEX.com.**



Biogen
225 Binney Street
Cambridge, MA 02142
1-781-464-2000
AVONEX.com

Please see full [Prescribing Information](#) starting on page 5.