Patient Transition Form: SPINRAZA® (nusinersen) High Dose Regimen

SPINRAZA (nusinersen) injection 5mL
28mg • 50mg

*Required fields

This form is intended exclusively for patients currently on Low Dose SPINRAZA who have an active consent form on file and are transitioning to High Dose SPINRAZA.

Once this Patient Transition Form has all required fields filled in and signed, it can be submitted to Biogen in one of the following ways:

Print, **fill out**, and **fax** to 1-888-538-9781

OR

Fill out and **email** as an **attachment** to **StartForm@biogen.com**

If you have any questions, please call Patient Services to contact your Biogen Rare Disease Account Executive at 1-844-4SPINRAZA (1-844-477-4672).

A Biogen representative may reach out to your office to confirm additional details if necessary.

PRESCRIBER INFORMATION

*First name

*Last name

*Address

*City

*Telephone

*State

*ZIP code

*Email

Fax

PATIENT INFORMATION

*First name	*Last name	*DOB
*First name	*Last name	*DOB
*First name	*Last name	*DOB
*First name	*Last name	*DOB

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*First name	*Last name	*DOB
*First name	*Last name	*DOB

PRESCRIBER AUTHORIZATION

I authorize Biogen as my designated agent on behalf of my patients to furnish any information on this form to his/her insurer. I certify the rationale for prescribing SPINRAZA for this patient and will supervise treatment accordingly.

*Prescriber signature

*Date

For information about SPINRAZA, visit SpinrazaHCP.com.

Biogen

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