



Pharmacy Phone: \_\_\_\_\_

Pharmacy Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Date: \_\_\_\_\_

Subject: **Prescription Change Request – Mycophenolate Mofetil Oral Suspension**

Provider: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ is currently prescribed a mycophenolate mofetil 200 mg/mL oral suspension and will be changed to commercially available **Myhibbin™ (mycophenolate mofetil oral suspension) 200 mg/mL**.

Key Information about Myhibbin™ (mycophenolate mofetil oral suspension):

- FDA-approved
- Ready-to-use oral suspension
- Pack Size: 175 mL
- NDC: 24338-0018-01

For more information visit [www.myhibbin.com](http://www.myhibbin.com) or scan the QR code for Full Prescribing information, including indications, BOXED WARNING, and additional safety information.



**Please update your records and e-prescribe or fax the new prescription to**

\_\_\_\_\_ **Pharmacy at:** \_\_\_\_\_

**CURRENT PRESCRIPTION:**

Prescribed Item:

Current SIG:

Last Dispensed:

**RECOMMENDATION**

**Prescribed Item: Myhibbin™ (mycophenolate mofetil oral suspension) 200 mg/mL**

Updated SIG:

Updated Quantity:

Updated Refills:

Pharmacist Requesting: \_\_\_\_\_