BioPlus® Specialty Pharmacy
www.bioplusrx.com

Rheumatology Referral Form

Surescripts ID #:
CPR10785350213549930
Office: 1-888-292-0744
Fax Referral #:
1-800-269-5493

Referral Info

PATIENT INFORMATION

Patients Name:		SSN#:		DOB:
Address:		City:	State:	Zip:
Home Phone:	Cell Phone:	Height:	Weight:	Gender: Male Female
Email Address:			Diagnosis Code:	

INSURANCE INFORMATION (or attach copy of your cards)

Primary Insurance Co:	Phone:	Policy#:	Group#:
Secondary Insurance Co:	Phone:	Policy#:	Group#:

PRESCRIPTION INFORMATION (For IV medications attach a copy of your prescription.)

To prevent generic substitution, Prescriber to handwrite "Brand Medically Necessary" and sign:

MEDICATIONS

ACTEMRA®
❑ **Maintenance:** ❑ 80mg/4ml ❑ 200mg/10ml ❑ 400mg/20ml ❑ 162 mg/9ml Prefilled Syringe
❑ **Infuse** (❑ 4mg/kg ❑ 8mg/kg) IV every 4 weeks
❑ **Inject** 162mg SQ (❑ QOW ❑ QW)
Qty: **Refills:**

COSENTYX™ *Covered Until You're Covered Program
❑ 150mg Sensoready® Pen Kit
❑ 150mg Prefilled Syringe Kit
❑ **Induction:** Inject 300mg/ml SubQ week 0,1,2,3,4
Qty: 10 **Refills:**
❑ **Maintenance:** Inject 300mg SubQ every 4 weeks
Qty: 28 days **Refills:**
❑ **Bridge***

CIMZIA® ❑ Prefilled Syringe
❑ **Induction:** Inject 2 x 200mg/ml SubQ at week 1; inject 2 x 200mg/ml at week 2 and 4
Qty: **Refills:**
❑ **Maintenance:**
❑ 2 x 200mg SubQ Every 4 wks
❑ 2 x 200mg SubQ Every 2 wks
Qty: **Refills:**

ENBREL® ❑ Mini Cartridge ❑ Prefilled Syringe
❑ SureClick AutoInjector ❑ Vial
❑ **Induction:** Inject (50mg) SubQ twice weekly for three months
Qty: 8 **Refills:**

ENBREL® Maintenance Dose
❑ 50mg ❑ 25mg
❑ Once weekly SubQ ❑ Twice weekly SubQ
Qty: ❑ 8 ❑ 4 **Refills:**

OLUMIANT® ❑ 2mg tablets
❑ **Maintenance:** ❑ Take one tablet by mouth daily
Qty: **Refills:**

HUMIRA® (CF=Citrate Free)
Starter Kit ❑ **40mg Pens** ❑ **40mg Pens CF**
❑ 80mg Day 1/ 40mg Day 8/ 40mg every other week
Maintenance: ❑ Pen ❑ Prefilled Syringe
❑ 40mg SQ every other week
❑ 40mg SQ once a week
Qty: 28 days **Refills:**

OTEZLA®
❑ **Titration Pack:** take by mouth as directed per package instructions
Qty: 1 Pack **Refills:** 0
❑ **Bridge Pack:** take by mouth as directed per package instructions
Qty: 1 Pack **Refills:**
❑ **Maintenance:** (30mg) by mouth twice daily
Qty: 30 days **Refills:**

TALTZ® ❑ AutoInjector ❑ Prefilled Syringe
❑ **Psoriasis Induction:** Inject 160mg (2 x 80mg injections) SubQ at week 0; Inject 80mg at weeks 2,4,6,8,10,12
Qty: 8 **Refills:**
❑ **Psoriatic Arthritis Induction:** Inject 160mg (2 x 80mg injections) SubQ at week 0
Qty: 2 **Refills:**
❑ **Maintenance:** 80mg SubQ every 4 weeks
Qty: 1 **Refills:**

XELJANZ® ❑ 5mg tablet ❑ 11mg Extended Release tabs
❑ **Maintenance:** Take one 5mg tablet by mouth twice daily
❑ **Maintenance:** Take one 11mg tablet by mouth once daily
Qty: **Refills:**

SIMPONI® ❑ Prefilled Syringe ❑ Smartject
❑ **Maintenance:** Inject SQ once a month
❑ 50mg ❑ 100mg
Qty: 1 **Refills:**

KEVZARA® ❑ Pen ❑ Prefilled Syringe
❑ 200mg ❑ 150mg
❑ **Maintenance:**
❑ Inject 200mg SQ once every 2 weeks
❑ Inject 150mg SQ once every 2 weeks
Qty: **Refills:**

Primary Diagnosis
❑ Rheumatoid Arthritis ❑ Psoriatic Arthritis
❑ Other: _____
❑ Osteoporosis ❑ Forteo ❑ Prolia
❑ Other _____

Prior Treatment
❑ Methotrexate ❑ Duration _____
❑ Cyclosporine ❑ Duration _____
❑ Sulfasalazine ❑ Duration _____
❑ Other ❑ Duration _____

OTB/PPD Test Negative? ❑ Yes ❑ No
Date of Test: _____

Medical Justification for Prescribing Biologic Therapy (or attach history)
No reponse to previous treatment
(list): _____
Contraindications
(list): _____
Side effects, lab abnormalities, toxicity issues
(list): _____

❑ OTHER
STRENGTH:
SIG/DIRECTIONS:
QUANTITY: **REFILLS:**

PHYSICIAN INFORMATION

Injection Training: ☐ Office to Instruct ☐ SP to Arrange Teaching

Prescriber Name:	Phone:	Fax:
Office Contact/Faxed By:	Email:	
NPI#:	TAX ID#:	Ship To: ❑ Patient ❑ MD Office 1st Order Only ❑ MD Office All Orders
Prescriber Signature ❑ Dispense as written	Date:	

Your signature authorizes the pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.

This prescription is valid only if transmitted by facsimile machine by a licensed prescriber.

RxExpress 2-Day Ready 2 Ship:
Receive all the benefits of our fast and easy express service, including our NEW 2-Day Ready 2 Ship, for all eligible prescriptions.

BioPlus Specialty Pharmacy
376 Northlake Blvd., Altamonte Spings, FL 32701

RxExpress 2-Day Ready 2 Ship