

PATIENT INFORMATION

Patients Name:		SSN#:		DOB:	
Address:		City:		State:	
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: _____

PRIMARY DIAGNOSIS

Moderate to Severe Plaque Psoriasis Psoriatic Arthritis Hidradentis Suppurativa Atopic Dermatitis Other: _____ Date of Diagnosis: _____

MEDICATIONS

CIMZIA® Prefilled Syringe

Induction:
Inject 2x200mg/ml SubQ at week 0, 2 and 4
Qty: 6 syringes **Refills:**

Maintenance Dose
 2 x 200mg SubQ Every 4 wks
 2 x 200mg SubQ Every 2 wks
 1 x 200mg SubQ Every 2 wks
Qty: 28 days **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*

DUPIXENT Prefilled Syringe

Induction: Inject 2x300mg (600mg) SubQ Day 1
Qty: 2 for 14 days **Refills:**

Maintenance: Inject 300mg SubQ every other week
Qty: 2 for 28 days **Refills:**

ENBREL® Mini Cartridge Prefilled Syringe

SureClick Autolinjector 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:**

HUMIRA® (CF=Citrate Free)

Hidradentis Suppurativa Starter

40mg/0.8ml Pens **80mg/0.8ml Pens CF**

160mg SQ Day 1/ 80mg SQ Day 15
 80mg SQ Day 1/ 80mg SQ Day 2/ 80mg SQ Day 15

Psoriasis Starter

40mg/0.8ml Pens **80mg/0.8ml + 40mg/0.4ml Pens CF**

80mg SQ Day 1/40mg SQ Day 8/40mg SQ Day 22
Qty: 1 Pack **Refills:**

Hidradentis Suppurativa Maintenance: Pen Prefilled Syringe

40mg SQ once weekly, beginning Day 29
 40mg/0.8ml 40mg/0.4ml CF

Psoriasis Maintenance: Pen Prefilled Syringe

40mg SQ every other week
 40mg/0.8ml 40mg/0.4ml CF
Qty: 28 days **Refills:**

ILUMYA™ Prefilled Syringe

Inject 100mg/ml SubQ at weeks 0,4 and every 12 weeks thereafter
Qty: 1 **Refills:**

OTEZLA®

Titration Pack: take by mouth as directed per package instructions
Qty: 1 Pack **Refills:**

Bridge Pack: take by mouth as directed per package instructions
Qty: 1 Pack **Refills:**

Maintenance: (30mg) by mouth twice daily
Qty: 30 days **Refills:**

SIMPONI® Prefilled Syringe Smartject Autoinjector

Inject 50mg SubQ once a month
Qty: 1 **Refills:**

SILIQ™ Prefilled Syringe

Induction: Inject 210mg SubQ weeks 0, 1, 2
Qty: 3 **Refills:**

Maintenance: Inject 210mg SubQ every two weeks
Qty: 2 **Refills:**

STELARA® 45mg Prefilled Syringe 90mg Prefilled Syringe

Induction: Inject contents of 1 syringe SubQ on Day 0 and Day 28
Qty: 1 syringe **Refills:**

Maintenance: Inject contents of 1 syringe SubQ every 12 weeks
Qty: 1 syringe **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:**

TREMFYA™ Prefilled Syringe

Induction: Inject 100mg SubQ weeks 0 and 4
Qty: 1 **Refills:**

Maintenance: Inject 100mg SubQ every 8 weeks
Qty: 1 **Refills:**

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: <input type="checkbox"/> Patient <input type="checkbox"/> MD Office 1st Order Only <input type="checkbox"/> MD Office All Orders
-------	----------	---

Prescriber Signature	Date:
<input type="checkbox"/> Dispense as written	

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

BP-2018-10-18