



Crohn's Disease/UC Referral Form

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

1-800-269-5493

Referral Info

PATIENT INFORMATION

Patient's 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 the cards)

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

PRESCRIPTION INFORMATION (for IV medication attach a copy of the prescription)

Cimzia® (certolizumab pegol) Prefilled Syringe Lyophilized Powder
 Induction: 400mg (2 x 200mg) mg Prefilled Syringe SubQ Weeks 0, 2, 4
 Qty: 28 days Refills: 0
 Maintenance:
 2 x 200 mg SubQ every 4 wks
 200 mg SubQ every 2 wks
 Qty: 28 days Refills:

Humira® (adalimumab)
 Pen Prefilled Syringe
 Citrate Free (CF) Original Formula
Induction: 40 mg/ 0.8ml
 160 mg SubQ Day 1/ 80 mg SubQ Day 15
 80 mg SubQ Day 1/ 80 mg SubQ Day 2/80 mg Subq Day 15
 Qty: 1 Pack Refills: 0
Maintenance:
 40 mg/0.8 ml 40 mg /0.4 ml CF
 40 mg SubQ every other Week
 Qty: 28 Day Supply Refills:
 If dosage form is not selected, PENS will be dispensed.

Entocort® EC (budesonide) 3 mg capsules
 9 mg PO daily
 Qty: 90 Refills:

Entyvio® (vedolizumab)
 Induction: 300 mg intravenously weeks 0, 2, 6
 Qty: 1 Refills: 2
 Maintenance: 300 mg intravenously every 8 weeks
 Qty: 1 Refills:

Inflixtra® (infliximab) 5 mg/ kg
 Induction: _____ 100 mg vials intravenously weeks 0, 2, 6
 Maintenance: _____ 100 mg vials intravenously every 8 weeks
 Qty: 28 Day Supply Refills:

<input type="checkbox"/> OTHER	STRENGTH:	SIG/DIRECTIONS:	REFILLS:	QUANTITY:
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Remicade® (infliximab-dyyb) 5mg/kg 10 mg/ kg
 Induction: _____ 100 mg vials intravenously weeks 0, 2, 6
 Maintenance: _____ 100 mg vials intravenously every 8 weeks
 Qty: 28 Day Supply Refills:

Simponi® (golimumab) Prefilled Syringe Smartject
 Induction:
 200 mg (2 x 100 mg) SubQ at week 0
 Qty: : 2 syringes Refills: 0
 Maintenance:
 starting at week 2 of treatment, 100 mg SubQ every 4 weeks
 Qty: 28 Day Supply Refills:

Stelara® (ustekinumab)
 IV Induction: 260 mg (pt wght: ≤ 55 kg) 390 mg (pt wght: 56-85 kg)
 520 mg (pt wght: >85 kg)
 Qty: Refills: 0
 Maintenance: Starting 8 weeks after IV induction dose, 90mg SubQ every 8 weeks
 Qty: 1 Refills:

UCERIS® (budesonide) 9 mg Extended-Release Tablet
 9 mg p.o. daily
 Qty: 30 Refills:

Xeljanz® (tofacitinib)
 Induction: 10 mg PO twice daily (for 8-16 weeks);
 Qty: 60 Refills:
 Maintenance: 5 mg PO twice daily
 Qty: 60 Refills:

XIFAXAN® (rifaximin) 3 mg capsules
 200mg tablet 550mg tablet
 550 mg PO three times per day for 14 days
 200 mg PO three times per day for 16 weeks
 _____ mg PO _____ times per day for _____ days
 Qty: Refills:

As required by your state, Prescriber to check "Dispense as written" or handwritten "Brand Medically Necessary" and sign to prevent generic substitution. Dispense as written

PHYSICIAN INFORMATION

Injection Training: Office to Instruct SP to Arrange Teaching

Prescriber Name:	Phone:	Fax:
Office Contact:	Email:	Ship To: <input type="checkbox"/> Patient <input type="checkbox"/> MD Office
NPI #:	Tax ID #:	
Prescriber Signature:	Date:	

Your signature authorizes BioPlus Specialty Pharmacy Services, Inc., and their network of pharmacies, MedScripts Medical Pharmacy, River Medical Pharmacy, and Route 300 Pharmacy (the "BioPlus Pharmacies"), to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copy and financial assistance on behalf of your patients.
BioPlus Specialty Pharmacy 376 Northlake Blvd., Altamonte Springs, FL 32701 **BioPlus Specialty Pharmacy** 100 Southcenter Ct. Suite 100, Morrisville, NC 27560
MedScripts Medical Pharmacy 1325 Miller Rd. Suite K, Greenville, SC 29607 **River Medical Pharmacy** 4752 Research Drive, San Antonio, TX 78240
Route 300 Pharmacy 1208 Route 300 Suite 103, Newburgh, NY 12550

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