

Vyleesi™ Referral Form

Fax: 800-269-5493

Phone: 888-292-0744

bioplusrx.com

PATIENT INFORMATION

Patient Name: _____ SSN: _____ DOB: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
(required)
 Home Address: _____ City: _____ State: _____ Zip: _____
 If Different, Ship to Address: _____ City: _____ State: _____ Zip: _____
 Height: _____ Weight: _____ Gender: Male Female
 Known Allergies: _____ NKDA:

Has patient been diagnosed with hypoactive sexual desire disorder (HSDD)?

If yes, check here, and bill to ICD-10 cm code F52.0:

INSURANCE INFORMATION (FAX FRONT AND BACK OF PRESCRIPTION AND MEDICAL CARDS)

Primary Insurance: _____ Phone: _____
 Policy Number: _____ Group Number: _____
 Secondary Insurance: _____ Phone: _____
 Policy Number: _____ Group Number: _____

PRESCRIPTION INFORMATION

Vyleesi™ 1.75 mg/0.3 ml prefilled single-dose autoinjector

Inject subcutaneously as needed at least 45 minutes before anticipated sexual activity. No more than 1 dose per 24 hours. More than 8 doses per month not recommended.

Qty: 4 Refills:
 Additional Prescribing Info: _____

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

Dispense as written

Date: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ NPI: _____ Tax ID: _____
 Office Contact: _____ Phone: _____
 Email: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Prescriber Signature: _____ 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.

Your signature authorizes BioPlus Specialty Pharmacy Services, LLC, 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, including appeals and peer to peer reviews, for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.

BioPlus Specialty Pharmacy 376 Northlake Blvd., Altamonte Springs, FL 32701
 BioPlus Specialty Pharmacy 13925 Yale Ave, Suite 145, Irvine, CA 92620
 River Medical Pharmacy 4752 Research Drive, San Antonio, TX 78240

BioPlus Specialty Pharmacy 100 Southcenter Ct., Suite 100, Morrisville, NC 27560
 MedScripts Medical Pharmacy 1325 Miller Rd., Suite K, Greenville, SC 29607
 Route 300 Pharmacy 1208 Route 300, Suite 103, Newburgh, NY 12550

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