E-prescribe the *Fast & Easy* way: select **BioPlus** from your EHR!

BioPlus® Specialty Pharmacy
A CAREPATHrx Company

Crohn's/ UC Referral Form

Fax: 800-269-5493
Phone: 888-292-0744
bioplusrx.com

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 cards)*

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

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

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

HUMIRA® (adalimumab)b)
☐ Pen ☐ Prefilled Syringe
☐ Citrate Free (CF) ☐ Original Formula
Induction: 40 mg/ 0.8 ml
☐ 160 mg SubQ day 1, 80 mg SubQ day 15
☐ 80mg 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
40 mg Sub! every other week
Qty: 28 days **Refills:**
** if dosage form is not selected, PENS will be dispensed.**

ENTOCORt® (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:**

INFLECTRA® (infliximab)
☐ **Induction:** _____ 100 mg vials intravenously weeks 0, 2, 6
Qty: 1 **Refills:** 0
☐ **Maintenance:** _____ 100 mg vials intravenously every 8 weeks
Qty: 28 day supply **Refills:**

REMICADE® (infliximab- dyyb) ☐ 5 mg/ kg ☐ 10 mg/ kg
☐ **Induction:** _____ 100 mg vials intravenously weeks 0, 2, 6
Qty: 1 **Refills:** 0
☐ **Maintenance:** _____ 100 mg vials intravenously every 8 weeks
Qty: 28 day supply **Refills:**

SIMPONI® (golimumab) ☐ Smartject ☐ Prefilled Syringe
☐ **Induction:** 200 mg (2 x 100 mg) SubQ at week 0
Qty: 2 syringes **Refills:** 0
☐ **Maintenance**: Starting at week 2, 100 mg SubQ every 4 weeks
Qty: 28 days **Refills:**

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

UCERIS® (budesonide) 9 mg Extended- Release Tablet
☐ **9 mg** PO 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) ☐ 200 mg tablet ☐ 550 mg tablet
☐ 550 mg PO three times per day for 14 days
☐ 200 mg PO three times per day for 16 days
☐ _____ mg PO _____times per day for _____ days
Qty: **Refills:**

ZEPOSIA® (ozanimod)
☐ 7- day titration: Days 1 to 4: Give 0.23 mg by mouth once daily. Days 5 to 7: Give 0.46 mg by mouth once daily
Qty: 1 **Refills:** None
☐ Maintenance Dosing: Starting Day 8, 0.92 mg by mouth once daily
Qty: 30 Refills:

☐ **OTHER**

STRENGTH:

SIG/DIRECTIONS:

QUANTITY: **REFILL:**

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

PHYSICIAN INFORMATION

Injection Training: Office to Instruct SP to Arrange Teaching

Prescriber Name:	Phone:	Fax:
Office Contact:	Email:	
Address:		
NPI #:	Tax ID #	
Prescriber Signature:	Date	

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 Pharacy 376 Northlake Blvd., Altamonte Springs, FL 32701 **BioPlus Specialty Pharmacy** 100 Southcenter Ct., Suite 100, Morrisville, NC 27560
BioPlus Specialty Pharmacy 13925 Yale Ave, Suite145, Irvine, CA 92620 **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

BSP210823

975772