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

BioPlus® Specialty Pharmacy
A CAREPATHrx Company

Osteoporosis 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:
Email Address:		Gender: Male ☐	Female ☐

INSURANCE INFORMATION *(or attach copy of cards)*

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

CLINICAL INFORMATION

Primary Diagnosis

ICD-10 _____

Description _____

Prior Treatment

☐ Fosamax (alendronate) Duration _____
☐ Boniva (ibandronate) Duration _____
☐ Atelvia (risedronate) Duration _____

Additional Information

Allergies: _____

Bone Density Test? T-Score _____ **Type** _____

Fracture History: site _____

Has patient been on Forteo before? ☐ **Yes** ☐ **No** **If yes, how long** _____

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

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
FORTEO® (teriparatide)	☐ 600 mcg/ 2.4 ml pen	Inject 20 mcg subcutaneously as directed once daily.	28-day supply	
	31 g pen ☐ 5 mm ☐ 6mm ☐ 8mm	Use with Forteo delivery device as directed.	1 device (28-day supply)	
BONIVA® (ibandronate)	☐ 3 mg/ 3 ml PFS	Infuse 3 mg IV over a period of 15 to 30 seconds every 3 months.	1 dose	
PROLIA® (denosumab)	☐ 60 mg/ 1 ml PFS	Inject 60 mg subcutaneously every 6 months.	1 dose	
RECLAST® (zoledronic acid)	☐ 5 mg/ 100 ml solution	☐ Infuse 5 mg IV once a year over no less than 15 minutes. ☐ Infuse 5 mg IV once every 2 years over no less than 15 minutes.	1 vial	
TYMLOS® (abaloparatide)	☐ 3120 mcg/ 1.5 6 ml pen	Inject 80 mcg (0.04 ml) subcutaneously once daily.	30-day supply	
	31 g pen ☐ 5 mm ☐ 6mm ☐ 8mm		1 device (30-day supply)	
EVENITY™ (romosozumab)	☐ 105 mg PFS	Inject 2 10 mg (2 syringes) subcutaneously every month.	2 syringes (30-day supply)	
☐ **OTHER**				

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:	Ship To: ☐ Patient ☐ MD Office 1st Order Only ☐ MD Office All Orders
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 copay and financial assistance on behalf of your patients.

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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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