BioPlus® Specialty Pharmacy
A CAREPATHrx Company

E-prescribe the *Fast & Easy* way: select **BioPlus** from your EHR!
Fax: 800-269-5493
Phone: 888-292-0744
bioplusrx.com

CROHN'S/ UC REFERRAL FORM

PATIENT INFORMATION

Patient's Name:		SSN:		DOB:
Address:		City:	State:	Zip:
Home Phone:	Cell:	Height:	Weight:	Gender: ◯ M ◯ F
Email		Diagnosis Code:		

INSURANCE INFORMATION (or attach copy of the cards)

Primary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:
Secondary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:

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

CIMZIA® (*certolizumab pegol*) ☐ Prefilled Syringe ☐ Lyophilized Powder
☐ **Induction**: 400 mg (2 x 200 mg) SubQ weeks 0, 2, 4
Qty: 28 day supply **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 day supply **Refills:**

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:**

HUMIRA® *(adalimumab)*
☐ Pen ☐ Prefilled Syringe
☐ Citrate Free (CF) ☐ Original Formula
Induction:
☐ 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 SubQ every other week
Qty: 28 day supply **Refills:**
**** If dosage form is not selected, PENS will be dispensed.****

INFLECTRA® (*infliximab*)
☐ **Induction:**_____100 mg vials intravenously weeks 0, 2, 6
☐ **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:**

RINVOQ® *(upadacitinib)* extended-release tablets
☐ 15 mg ☐ 30 mg ☐ 45 mg
☐ **Induction:** 45 mg PO once daily for 8 weeks
Qty: 2 bottles **Refills:** 0
☐ **Maintenance:**_____ mg once daily
Qty: **Refills:**

SIMPONI® (*golimumab*) ☐ Prefilled Syringe ☐ Autoinjector
☐ **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 weight: ≤ 55 kg) ☐ 390 mg (pt weight: 56-85 kg)
☐ 520 mg (pt weight: >85 kg)
Qty: **Refills:** 0
☐ **Maintenance:** Starting 8 weeks after IV induction dose, 90 mg SubQ every 8 weeks
Qty: 1

SOLESTA® (*dextranomer and sodium hyaluronate*) 1 ml Prefilled Syringe
☐ 4 submucosal injections
Qty: 4 **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 week
Qty: **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 1-4: Give 0.23 mg PO once daily. days 5 to 7: Give 0.46 mg PO daily
Qty: 1 **Refills:** None
☐ Maintenance Dosing: Starting day 8, 0.92 mg PO once daily
Qty: 30 **Refills:**

☐ **OTHER:**

STRENGTH:

SIG/DIRECTIONS:

QUANTITY: **REFILLS:**

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:		Ship To: ☐ Patient ☐ MD Office
NPI #:	Tax ID#:	
Prescription 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
Route 300 Pharmacy 1208 Route 300 Suite 103, Newburgh, NY 12550

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