BioPlus® Specialty Pharmacy
A CAREPATHrx Company

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

# NEUROLOGY & MULTIPLE SCLEROSIS REFERRAL FORM

## PATIENT INFORMATION

| | | | |
|---|---|---|---|
| Patient Name: | SSN: | | DOB: |
| Address: | City: | State: | Zip: |
| Home Phone: | Cell: | Email: | Gender: ◯ Male ◯ Female |

## 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)

### PRIOR TREATMENT HISTORY

☐ AVONEX® ☐ BETASERON® ☐ COPAXONE® ☐ GILENYA® ☐ Rebif® ☐ Other_____

### MS MEDICATIONS

**AVONEX®** (interferon beta-1a)* ☐ Enroll in Above MS™
30 mcg (☐ Prefilled Syringe ☐ Pen) Inject IM once weekly
**Qty:** 4 **Refills:**

**BETASERON®** (interferon beta-1b)* ☐ Enroll in BETAPLUS®
☐ **Starting Titration:** 62.5 mcg SubQ every other day for weeks 1 and 2, 125 mcg SubQ every other day for weeks 3 and 4, 187.5 mcg SubQ every other day for weeks 5 and 6, 250 mcg SubQ every other day for weeks 7 and 8
**Qty:** 30 days **Refills:** 1
☐ **Maintenance Dosing:** 250 mcg (1 ml) SubQq every other day
☐ BetaConnect
**Qty:** 14 **Refills:**

**COPAXONE®** (glatiramer acetate) ☐ Enroll in Shared Solutions® ☐ Enroll in Mylan ADVOCATE®
☐ 20 mg SubQ every day ☐ 40 mg SubQ three times per week
**Qty:** 28 days **Refills:**

**Dalfampradine**
☐ 10 mg by mouth every 12 hours
**Qty:** 60 **Refills:**

**TECFIDERA®** (dimethyl fumarate)
☐ 120 mg (14 per bottle 7 day supply) ☐ 240 mg (60 per bottle 30 day supply)
☐ **Starting Dose:** 120 mg twice a day, PO, day 1 through 7
☐ **Maintenance Dosing:** Starting day 8, 240 mg PO twice daily
**Qty:** **Refills:**

**KESIMPTA®**(ofatumumab)
☐ Sensoready® Pen ☐ Prefilled Syringe
☐ **Starting Dose:** 20 mg SubQ administered at week 0, 1, and 2
☐ **Maintenance Dosing:** 20 mg administered monthly starting at week 4
Qty: Refills:

**EXTAVIA®** (interferon beta-1b)☐ Extavia Go Program®
☐ **Starting Titration:** 62.5 mcg SubQ every other day for weeks 1 and 2, 125 mcg SubQ every other day for weeks 3 and 4, 187.5 mcg SubQ every other day for weeks 5 and 6, 250 mcg SubQ every other week for weeks 7 and 8
**Qty:** 30 days **Refills:** 1
☐ **Maintenance Dosing:** 250 mcg (1 ml) SubQ every other day
**Qty:** 15 **Refills:**

**GILENYA®** (fingolimod) ☐ Enroll in Gilenya Go Program®
☐ 0.5 mg PO once a day
**Qty:** 30 **Refills:**

**MAYZENT®** (siponimod) ☐ Please complete Mayzent Prescription Start Form and attach to this referral form.

**OCREVUS™** (ocrelizumab)
☐ **Starting Dose:** 300 mg intravenous infusion, followed two weeks later by a second 300 mg intravenous infusion
☐ **Maintenance:** 600 mg intravenous infusion every 6 months
**Qty:** **Refills:**

**OZOBAX™** (baclofen) 5 mg/ml Oral Solution
☐ Goal Dose: ___ mg/day (should be divided into 3-4 doses)
Directions: Increase dose slowly every 3 days by 5 mg PO 3 times/day up to goal dose

**PLEGRIDY®** (peginterferon beta-1a)
**Induction:** ☐ Prefilled Syringe ☐ Pen
63 mcg SubQ on day 1, 94 mcg SubQ on day 15
**Qty:** 1 pack **Refills:** None
**Maintenance:** 125 mcg/0.5 ml ☐ Prefilled Syringe ☐ Pen
125 mcg SubQ every 14 days, starting day 29 of therapy
**Qty:** 2 **Refills:**

**Rebif®** (interferon beta-1a) ☐ Enroll in MS LifeLines®
☐ Prefilled Syringe/Rebiject II®* ☐ Rebif Rebidose®
**Titration Pack:**
☐ Goal Dose 22 mcg: (Full dose therapy beginning week 5) 4.4 mcg/0.1 ml SubQ three times weekly week 1-2, 11 mcg/0.25 mLSubQ three times weekly weeks 3-4
☐ Goal Dose 44 mcg: (Full dose therapy beginning week 5) 8.8 mcg/0.1 ml SubQ three times weekly week 1-2, 22 mcg/0.25 ml three times weekly weeks 3-4
**Qty:** 1 pack **Refills:** None
**Maintenance Dosing:**
☐ 44 mcg ☐ 22 mcg SubQ three times per week
**Qty:** **Refills:**
*Rebiject (Will come from MS Lifelines®)

**VUMERITY™** (diroximel fumarate)
☐ **Starting Dose:** Take 1 capsule (231 mg) orally twice daily for 7 days, then increase to 2 capsules (462 mg) twice daily.
**Qty:** 106 **Refills:** None
☐ **Maintenance Dosing:** Take 2 capsules (462 mg) PO twice a day
**Qty:** 120 **Refills:**
☐ **Alternate Maintenance Dosing:** Take _____ capsules (_____ mg) PO twice a day
**Qty:** 120 **Refills:**

**ZEPOSIA®** (ozanimod)
☐ **7- day titration:** Days 1 to 4: Give 0.23 mg PO 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:**

*AVAILABLE IN GENERIC

| ☐ OTHER | STRENGTH: | SIG/DIRECTIONS: | REFILLS: | QUANTITY: |
|---|---|---|---|---|
| | | | | |

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, Route 300 Pharmacy, and Santa Barbara Specialty 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** 13925 Yale Ave, Suite145, Irvine, CA 92620
**River Medical Pharmacy** 4752 Research Drive, San Antonio, TX 78240
**Santa Barbara Specialty Pharmacy** 4690 Carpinteria Ave, Ste B, Carpinteria, CA 93013
**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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