



CROHN'S/ UC REFERRAL FORM

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

Fax: 800-269-5493

Phone: 888-292-0744

bioplusrx.com

PATIENT INFORMATION

Patient's Name:		SSN:		DOB:	
Address:		City:		State:	
Home Address:		Cell:		Height:	
Email		Weight:		Gender: Male Female	
		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) <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Lyophilized Powder <input type="checkbox"/> Induction: 400 mg (2 x 200 mg) SubQ weeks 0, 2, 4 Qty: 28 day supply Refills: 0 Maintenance: <input type="checkbox"/> 2 x 200 mg SubQ every 4 weeks <input type="checkbox"/> 2 x 200 mg SubQ every 2 weeks <input type="checkbox"/> 200 mg SubQ every 2 weeks Qty: 28 day supply Refills: <input type="text"/>	SIMPONI® (golimumab) <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Autoinjector <input type="checkbox"/> Induction: 200 mg (2 x 100 mg) SubQ at week 0 Qty: 2 syringes Refills: 0
DUPIXENT® (dupilumab) <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Pen <input type="checkbox"/> Induction: Inject 2 x 300 mg (600 mg) SubQ Day 1 Qty: 2 for 14 days Refills: None <input type="checkbox"/> Maintenance: Inject 300 mg SubQ every other week Qty: 2 for 28 days Refills: <input type="text"/>	SKYRIZI™ (risankizumab-rzaa) <input type="checkbox"/> Induction: 600 mg intravenously weeks 0, 4, 8 Qty: 1 Refills: 0 <input type="checkbox"/> Maintenance: 300 mg intravenously week 12, then every 8 weeks Qty: 1 Refills: <input type="text"/>
Entocort® (budesonide) 3 mg capsules <input type="checkbox"/> 9 mg PO daily Qty: 90 Refills: <input type="text"/>	STELARA® (ustekinumab) <input type="checkbox"/> IV Induction: <input type="checkbox"/> 260 mg (pt weight: ≤ 55 kg) <input type="checkbox"/> 390 mg (pt weight: 56-85 kg) <input type="checkbox"/> 520 mg (pt weight: >85 kg) Qty: <input type="text"/> Refills: 0 <input type="checkbox"/> Maintenance: Starting 8 weeks after IV induction dose, 90 mg SubQ every 8 weeks Qty: 1
HUMIRA® (adalimumab) <input type="checkbox"/> Pen <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Citrate Free (CF) <input type="checkbox"/> Original Formula Induction: <input type="checkbox"/> 160 mg SubQ day 1, 80 mg SubQ day 15 <input type="checkbox"/> 80 mg SubQ day 1, 80 mg SubQ day 2/ 80 mg SubQ day 15 Qty: 1 pack Refills: 0 <input type="checkbox"/> Maintenance: 40 mg SubQ every other week Qty: 28 day supply Refills: <input type="text"/>	SOLESTA® (dextranomer and sodium hyaluronate) 1 ml Prefilled Syringe <input type="checkbox"/> 4 submucosal injections Qty: 4 Refills: <input type="text"/>
RINVOQ® (upadacitinib) extended-release tablets <input type="checkbox"/> 15 mg <input type="checkbox"/> 30 mg <input type="checkbox"/> 45 mg v Induction: 45 mg PO once daily for 8 weeks Qty: 2 bottles Refills: 0 <input type="checkbox"/> Maintenance: _____ mg once daily Qty: <input type="text"/> Refills: <input type="text"/>	UCERIS® (budesonide) 9 mg Extended-Release Tablet <input type="checkbox"/> 9 mg PO daily Qty: 30 Refills: <input type="text"/>
** If dosage form is not selected, PENS will be dispensed.** IMMUNOSUPPRESSIVE INFUSION <input type="checkbox"/> Biosimilar Authorized Infusion Site: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> AVSOLA® <input type="checkbox"/> Entocort® <input type="checkbox"/> INFLECTRA® <input type="checkbox"/> Infliximab <input type="checkbox"/> REMICADE® <input type="checkbox"/> RENFLEXIS® <input type="checkbox"/> Initial Dose: _____ mg/kg at week 0,2, and 6 <input type="checkbox"/> Maintenance Dose: _____ mg/kg every 8 weeks <input type="checkbox"/> Other: _____ mg/kg every _____ weeks Refills: _____	XELJANZ® (tofacitinib) <input type="checkbox"/> Induction: 10 mg PO twice daily for 8-16 week Qty: <input type="text"/> Refills: <input type="text"/> <input type="checkbox"/> Maintenance: 5 mg PO twice daily Qty: 60 Refills: <input type="text"/>
	XIFAXAN® (rifaximin) <input type="checkbox"/> 200 mg tablet <input type="checkbox"/> 550 mg tablet <input type="checkbox"/> 550 mg PO three times per day for 14 days <input type="checkbox"/> 200 mg PO three times per day for 16 days <input type="checkbox"/> _____ mg PO _____ times per day for _____ days Qty: <input type="text"/> Refills: <input type="text"/>
	ZEPOSIA® (ozanimod) <input type="checkbox"/> 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 <input type="checkbox"/> Maintenance Dosing: Starting day 8, 0.92 mg PO once daily Qty: 30 Refills: <input type="text"/>

<input type="checkbox"/> OTHER	STRENGTH:	SIG/DIRECTIONS:	REFILLS:	QUANTITY:
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As required by your state, Prescriber to check "Dispense as written" or handwritten "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: <input type="checkbox"/> Patient <input type="checkbox"/> MD Office	
NPI #:	Tax ID#:	
Prescription 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 copy and financial assistance on behalf of your patients.

BioPlus Specialty Pharmacy 376 Northlake Blvd., Altamonte Springs, FL 32701 **BioPlus Specialty Pharmacy** 100 Southcenter Ct., Suite 100, Morrisville, NC 27560
BioPlus Specialty Pharmacy 13925 Yale Ave, Suite 145, 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
Santa Barbara Specialty Pharmacy 4690 Carpinteria Ave, Ste B, Carpinteria, CA 93013

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