



E-prescribe the *Fast & Easy* way: select **BioPlus** from your EHR!  
**NEUROLOGY & MULTIPLE SCLEROSIS REFERRAL FORM**

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

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**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 week for weeks 7 and 8  
 Qty: 30 days Refills: 1  
 Maintenance Dosing: 250 mcg (1 ml) SubQ every other day  
 BetaConnect  
 Qty: 14 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

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**Rebif®** (interferon beta-1a)  Enroll in MS LifeLines®  
 Prefilled Syringe/Rebifect 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 mL SubQ 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: \_\_\_\_\_  
 \*Rebifect (Will come from MS Lifelines®)

**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: \_\_\_\_\_

**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: \_\_\_\_\_

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

**Fingolimod**  0.5 mg PO once a day  0.25 mg PO once a day  
 Qty: 30 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: \_\_\_\_\_

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

**\*AVAILABLE IN GENERIC**

OTHER    **STRENGTH:** \_\_\_\_\_    **SIG/DIRECTIONS:** \_\_\_\_\_    **REFILLS:** \_\_\_\_\_    **QUANTITY:** \_\_\_\_\_

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:  Patient  MD Office  
 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 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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