



A Carelon Company

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

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 <input type="checkbox"/> Fosamax (alendronate) Duration _____ <input type="checkbox"/> Boniva (ibandronate) Duration _____ <input type="checkbox"/> Atelvia (risedronate) Duration _____
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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® (teripatide)	<input type="checkbox"/> 600 mcg/ 2.4 ml pen	Inject 20 mcg subcutaneously as directed once daily.	28-day supply	
	31 g pen <input type="checkbox"/> 5 mm <input type="checkbox"/> 6mm <input type="checkbox"/> 8mm	Use with Forteo delivery device as directed.	1 device (28-day supply)	
BONIVA® (ibandronate)	<input type="checkbox"/> 3 mg/ 3 ml PFS	Infuse 3 mg IV over a period of 15 to 30 seconds every 3 months.	1 dose	
PROLIA® (denosumab)	<input type="checkbox"/> 60 mg/ 1 ml PFS	Inject 60 mg subcutaneously every 6 months.	1 dose	
RECLAST® (zoledronic acid)	<input type="checkbox"/> 5 mg/ 100 ml solution	<input type="checkbox"/> Infuse 5 mg IV once a year over no less than 15 minutes. <input type="checkbox"/> Infuse 5 mg IV once every 2 years over no less than 15 minutes.	1 vial	
TYMLOS® (abaloparatide)	<input type="checkbox"/> 3120 mcg/ 1.56 ml pen	Inject 80 mcg (0.04 ml) subcutaneously once daily.	30-day supply	
	31 g pen <input type="checkbox"/> 5 mm <input type="checkbox"/> 6mm <input type="checkbox"/> 8mm		1 device (30-day supply)	
EVENITY™ (romosozumab)	<input type="checkbox"/> 105 mg PFS	Inject 2 10 mg (2 syringes) subcutaneously every month.	2 syringes (30-day supply)	
<input type="checkbox"/> OTHER				

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:	Ship To: <input type="checkbox"/> Patient <input type="checkbox"/> MD Office 1st Order Only <input type="checkbox"/> MD Office All Orders
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 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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