BioPlus® Specialty Pharmacy
A Carelon Company

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

Fingolimod ☐ 0.5 mg PO once a day ☐ 0.25 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 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:**
***Rebiject** (Will come from MS Lifelines®)

Teriflunomide (generic for **Aubagio®**)
☐ 7 mg PO once daily, with or without food. ☐ 14 mg PO once daily, with or without food.
Qty: 30 **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:**

ZEPOSIA® (ozanimod)
☐ **7- day titration:** Days 1 to 4: Give 0.23 mg PO once daily. days 5 to 7: Give 0.46 mg PO once daily
Qty: 1 **Refills:** None
☐ **Maintenance Dosing:** Starting day 8, 0.92 mg PO 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:		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 copay and financial assistance on behalf of your patients.

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River Medical Pharmacy 4752 Research Drive, San Antonio, TX 78240 **Route 300 Pharmacy** 1208 Route 300, Suite 103, Newburgh, NY 12550
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