



A Carelon Company

Skip this form & e-prescribe! Select BioPlus from your EHR!

CROHN'S/UC

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

PATIENT INFORMATION

Name: SSN: DOB:
Address: City: State: Zip:
Home Phone: Cell: Height: Weight: Gender: Female Male
Email: 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)

AMJEVITA (adalimumab-atto)
SureClick 40 mg/0.8 mL PFS 20 mg/0.4 mL PFS 40 mg/0.8 mL
Induction: 160 mg SUBQ Day 1
4 x 40 mg SUBQ in one day 2 x 40 mg SUBQ per day for two consecutive days
2 x 40 mg SUBQ Day 15
Qty: 6 Refills: 0
Maintenance: 40 mg SUBQ every other week
Qty: Refills:

CIMZIA (certolizumab pegol)
PFS Lyophilized Powder
Induction: 400 mg (2 x 200 mg) SUBQ weeks 0,2, 4
Qty: 28 day supply Refills:0
Maintenance:
2 x 200 mg SUBQ every 4 weeks
Qty: 28 day supply Refills:

DUPIXENT (dupilumab)
PFS Pen
200 mg/1.14 mL 300 mg/2 mL
15 kg < 30 kg Inject 200 mg SUBQ every other week
30 kg < 40 kg Inject 300 mg SUBQ every other week
40 kg or more Inject 300 mg SUBQ every week
Qty: 4 for 28 days Refills:

Entocort (budesonide) 3 mg capsules
9 mg PO daily
Qty: 90 Refills:

HUMIRA (adalimumab)
Pen PFS
Citrate Free (CF) Original Formula
Induction:
160 mg SUBQ day 1, 80 mg SUBQ day 15
80 mg SUBQ day 1, 80 mg SUBQ day 2/ 80 mg SUBQ day 15
Qty: 1 pack Refills: 0
Maintenance: 40 mg SUBQ every other week
Qty: 28 day supply Refills:
** If dosage form is not selected, PENS will be dispensed.**

OMVOH (mirikizumab-mrkz)
Vial 20 mg/mL PFS 100 mg/mL
IV Induction: Inject 300 mg IV at weeks 0, 4, 8
Qty: 1 Refills: 2
Maintenance: 2 x 100 mg SUBQ weeks 12 and every 4 weeks
Qty: 2 PFSs Refills:

RINVOQ (upadacitinib) extended-release tablets
15 mg 30 mg 45 mg
Induction:
45 mg PO once daily for 8 weeks 45 mg PO once daily for 12 weeks
Qty: 2 bottles Refills: 0
Maintenance: mg once daily
Qty: Refills:

SIMPONI (golimumab)
PFS Autoinjector
Induction: 200 mg (2 x 100 mg) SUBQ at week 0
Qty: 2 syringes Refills: 0

SKYRIZI (risankizumab-rzaa)
OBI VIAL
Induction: 600 mg intravenously weeks 0, 4, 8
Qty: 1 Refills: 0
Maintenance:
180 mg SUBQ week12, then every 8 weeks
360 mg SUBQ week12, then every 8 weeks
Qty:1 Refills:

SOLESTA (dextranomer and sodium hyaluronate) 1 mL PFS
4 submucosal injections
Qty: 4 Refills:

STELARA (ustekinumab)
IV Induction: 260 mg (pt weight: <= 55 kg)
390 mg (pt weight: 56-85 kg)
520 mg (pt weight: >85 kg)
Qty: Refills: 0
Maintenance:
Starting 8 weeks after IV induction dose, 90 mg SUBQ every 8 weeks
Qty: 1

UCERIS (budesonide) 9 mg Extended-Release Tablet
9 mg PO daily
Qty: 30 Refills:

XELJANZ (tofacitinib)
Induction: 10 mg PO twice daily for 8-16 weeks
Qty: Refills:
Maintenance: 5 mg PO twice daily
Qty: 60 Refills:

XIFAXAN (rifaximin) 200 mg tablet 550 mg tablet
550 mg PO three times per day for 14 days
200 mg PO three times per day for 16 days
mg PO times per day for days
Qty: Refills:

ZEPOSIA (ozanimod)
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
Maintenance Dosing: Starting day 8, 0.92 mg PO once daily
Qty: 30 Refills:

IMMUNOSUPPRESSIVE INFUSION Biosimilar authorized
AVSOLA ENTYVIO INFLECTRA Infliximab REMICADE RENFLEXIS
Initial Dose: mg/kg at week 0, 2, and 6 Maintenance Dose: mg/kg every 8 weeks
Other: mg/kg every weeks Refills:

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: City: State: Zip:
NPI #: Tax ID#: Ship To: Patient MD Office
Prescriber Signature: Date: