



INFLIXIMAB REFERRAL FORM

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

Fax: 866-523-5406

Phone: 800-829-3975

bioplusinfusion.com

Ship To: Office Infusion Suite Home Other _____

PATIENT INFORMATION

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

INSURANCE INFORMATION (or attach copy of cards)

Primary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:
Secondary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:

CLINICAL INFORMATION (fax all pertinent clinical and lab information)

Diagnosis (ICD-10): _____ Date of Diagnosis: _____

Crohn's Disease K50.90 Plaque Psoriasis L40.9 Ulcerative Colitis K51.90 Psoriatic Arthritis L40.52 Ankylosing Spondylitis M45.9 Rheumatoid Arthritis M06.9

CHF History: No Yes: NY Class ____ (I-IV) TB History: Date of last PPD: _____ Result: Negative Positive

Comorbidities: _____

ALLERGIES: NKDA Other _____

PRESCRIPTION INFORMATION (or attach a copy of the prescription)

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: _____

Directions:

- Start infusion at 10 mL/hr and increase if tolerated after 15 minutes
- Continue to titrate the infusion as tolerated using the following infusion rates: 20 mL/hr x 15 minutes, 40 mL/hr x 15 minutes, 80 mL/hr x 15 minutes, 150 mL/hr x 30 minutes

- Maximum infusion rate of no more than 250 mL/hr
- Infusion time should not be less than 2 hours
- DO NOT infuse any other medications along with infliximab

Vascular Access Device:

Peripheral Catheter PICC Port

Other (describe # of lumens): _____

Lab Work and Frequency:

Flush Orders: (If IV ordered, the following flush protocols will be followed)

- Sodium Chloride 0.9%
- Peripheral Line: 3 mL before each dose and 3 mL after each dose and prn
- Central Line: 5-10 mL before each dose and 5-10 mL after each dose and prn
- Heparin 10 u/mL
- Peripheral Line: 3 mL after last sodium flush and prn
- Heparin 100 u/mL
- Central Line: 5 mL after last sodium flush and prn

Provide needles, syringes, VAD supplies, and other ancillary supplies needed for infusion

Pre-Medication

Diphenhydramine 25 mg 30 min before infusion

PO IVP

Acetaminophen 650 mg tablet 30 min before infusion PO

Loratadine _____ mg 30 min before infusion PO

Other _____ Strength: _____

Directions: _____

Other _____ Strength: _____

Directions: _____

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

NURSING

INFUSION TYPE: At Home In Office

Nursing Agency: _____ Phone: _____

Skilled Nursing Visits for infliximab intravenous administration and education. To provide education related to the disease process and therapy. To provide an assessment of patient's general overall health status. To provide skilled nursing visits PRN for additional education and support.

PHYSICIAN INFORMATION

Prescriber Name:	Phone:	Fax:
Office Contact:	Email:	
Address:		
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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Sales Person:

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