



# NEUROLOGY & MULTIPLE SCLEROSIS INFUSION REFERRAL FORM

**Fax: 866-523-5406**

 Phone: 800-829-3975  
 bioplusinfusion.com

**PATIENT INFORMATION**

Patient Name:		SSN:		DOB:	
Address:		City:		State:	Zip:
Home Phone:	Cell:	Height:	Weight:	Gender:	Female Male
Email:		Allergies:			
Primary Diagnosis:		Diagnosis (ICD-10):			

**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)**
**OCREVUS® (ocrelizumab)**

Initial dosages must be completed under physician observation and cannot be administered at home.

**Date of Initial Dose 1:** \_\_\_\_\_ **Date of Initial Dose 2:** \_\_\_\_\_

**Subsequent Doses:**

- 600 mg in 0.9% Sodium Chloride 500 ml IV once every 6 months infused over approximately 3.5 hours or longer Date Needed:: \_\_\_\_\_  
 600 mg in 0.9% Sodium Chloride 500 ml IV once every 6 months infused over approximately 2 hours or longer, as tolerated  
 (for patients with no prior serious infusion reactions with any previous Ocrevus infusion) Date Needed:: \_\_\_\_\_

**Vyvgart® (efgartigimod alfa-fcab) 400 mg/20 mL (20 mg/mL)**

- Infuse IV 10 mg/kg (Dose = \_\_\_\_\_ mg) weekly for 4 weeks (1 cycle). Infuse over 1 hour.  
 Infuse \_\_\_\_\_ mg/kg (Dose = \_\_\_\_\_ mg) weekly for \_\_\_\_\_ weeks. (1 cycle). Infuse over \_\_\_\_\_ hour(s).

In patients weighing 120 kg or more, the recommended dose is 1,200 mg per infusion.

According to the Package Insert: Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.

Initiation of Last Cycle Date: \_\_\_\_\_ Quantity Sufficient of vials (1 cycle) Number of refills (Treatment cycles) authorized: \_\_\_\_\_

**Pre-Medication** 1x/year administered 30 minutes prior to infusion

- Diphenhydramine: 25 mg capsule: 1-2 capsules by mouth, 15-30 minutes before each infusion  
 Methylprednisolone: 100 mg (or an equivalent corticosteroid) administered intravenously  
 Acetaminophen: 650 mg tablet: 1-2 tablets by mouth, 15-30 minutes before each infusion  
 Other \_\_\_\_\_ Strength: \_\_\_\_\_ Directions: \_\_\_\_\_

**Vascular Access Device:**

- Peripheral Catheter  PICC  Port  Other (describe/# of lumens): \_\_\_\_\_

**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 & other ancillary supplies needed for infusion

**Hydration Orders**

 Infuse \_\_\_\_\_ mg \_\_\_\_\_ solution  Prior to  Following

**Anaphylaxis Kit Order (Infusion Reaction Management x1/year)**

- Epinephrine  IM  SubQ Qty: \_\_\_\_\_ Refills: \_\_\_\_\_  
 Adult 1:1000, 0.3 mL (>30 kg/>66 lbs) PRN severe allergic reaction – Call 911, May repeat in 5-15 minutes as needed

 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**
 Nursing Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

 Skilled Nursing Visits for Intravenous administration and education. To provide education related to the disease process and IG 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.

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