BioPlus® Specialty Pharmacy
A Carelon Company

Pediatric Gastroenterology

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

Need By Date: _____ Ship To: ☐ Patient ☐ Office ☐ Other _____ Fax Copy: ☐ Rx Card Front/Back ☐ Clinical Notes ☐ Medical Card Front/Back

Patient Information

Patient Name	
Address	
City State ZIP	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	☐ Female ☐ Male

Prescriber Information

Prescriber Name		
Address		
City State ZIP		
Phone	Fax	
Contact Person		
DEA #	NPI #	License #

Clinical Information

Diagnosis: ☐ K50.90 Pediatric Crohn's Disease ☐ K51.90 Pediatric Ulcerative Colitis ☐ K20.0 Eosinophilic Esophagitis
☐ Other: _____ Dx Code: _____

Prior Failed Meds: _____ Length of Treatment: _____ Reason for Discontinuing: _____
_____ Length of Treatment: _____ Reason for Discontinuing: _____
_____ Length of Treatment: _____ Reason for Discontinuing: _____

Drug Allergies		Latex Allergy: ☐ No ☐ Yes
Weight ☐ kg ☐ lbs	TB Test: ☐ No ☐ Yes Date: _____ Results: ☐ Negative ☐ Positive (please send lab results)	Status: ☐ New ☐ Restart ☐ Continuing

Prescription Information

			Qty	Refills
☐ Dupixent® *12+ years old, ≥40 kg	300 mg ☐ Pen ☐ PFS w/Shield	☐ Inject 300 mg SUBQ every week	4 Injections	_____
☐ Humira® Citrate Free Crohn's	**17 kg to <40 kg** 20 mg PFS	☐ Load: Inject 80 mg SUBQ on Day 1, then inject 40 mg on Day 15, then inject 20 mg every other week starting on Day 29 ☐ Maintenance: Inject 20 mg SUBQ every other week	Loading Dose (6 PFS) 4 Week Supply	None _____
	≥40 kg ☐ Crohn's/UC Starter Package (3-80 mg pens) ☐ 40 mg Pen	☐ Load: Inject 160 mg SUBQ as ☐ two-80 mg injections on Day 1 **or** ☐ 80 mg on Day 1 and then Day 2, then inject 80 mg on Day 15, then inject 40 mg every other week starting on Day 29 ☐ Maintenance: Inject 40 mg SUBQ every other week	Loading Dose 4 Week Supply	None _____
☐ Humira® Citrate Free UC	**20 kg to <40 kg** 40mg ☐ Pen ☐ PFS 20 mg ☐ PFS 40 mg ☐ Pen ☐ PFS	☐ Load: Inject 80 mg SUBQ on Day 1, then inject 40 mg on Day 8 and Day 15, then inject maintenance dose starting on Day 29 ☐ Maintenance: Inject 20 mg SUBQ every week ☐ Maintenance: Inject 40 mg SUBQ every other week	Loading Dose (4 pens/PFS) 4 Week Supply 4 Week Supply	None _____ _____
	≥40 kg ☐ Pediatric UC Disease Starter Package (4 count) 80 mg/0.8 mL in a single-use pen ☐ 40 mg Pen ☐ 80 mg Pen	☐ Load: Inject 160 mg SUBQ as ☐ two-80 mg injections on Day 1 **or** ☐ 80 mg on Day 1 and then Day 2, then inject 80 mg on Day 8 and Day 15, then inject maintenance dose starting on Day 29 ☐ Maintenance: Inject 40 mg SUBQ every week ☐ Maintenance: Inject 80 mg SUBQ every other week	Loading Dose 4 Week Supply 4 Week Supply	None _____ _____
☐ Remicade®	100 mg Vial	☐ Load: Infuse _____ mg (5 mg/kg) at 0, 2, and 6 weeks, then every 8 weeks thereafter ☐ Maintenance: Infuse _____ mg (5 mg/kg) every 8 weeks	Loading Dose 8 Week Supply	None _____
☐ Other				

Prescriber's Signature (no stamps) **Substitution Permitted** **Date** **Prescriber's Signature** (no stamps) **Dispense As Written** **Date**