

Pediatric Dermatology A-G

A Carelon Company

Need By Date: _

Fax: 800-269-5493

Ship To: □ Patient □ Office □ Other _

Phone

Phone: 888-292-0744

Fax Copy:
Rx Card Front/Back
Clinical Notes
Medical Card Front/Back

bioplusrx.com/therapy

Patient Information		Prescriber Information			
Patient Name		Prescriber Name			
Address		Address			
City State ZIP		City State ZIP			
Main Phone	Alternate Phone	Phone		Fax	
Social Security #		Contact Person			
Date of Birth	Female Male	DEA# NPI#			License #
	·,	L	•		

Clinical Information				
Diagnosis: 🗆 L20.9 Atopic Dermatitis 🛛 L40.0 Moderate to Severe Plaque Psoriasis 🗆 L40.50 Psoriatic Arthritis 🗆 L73.2 Hidradenitis Suppurativa - Hurley Stage:				
□ Other:	Dx Code:			
Location: Joints: Hands Feet Knees Spine Skin: Hands Feet Scalp Groin Nails Other:	% BSA:			
· · · · · · · · · · · · · · · · · · ·				
Prior Failed Meds: Biologics: Topical: Oral: Topical: Other:				
Drug Allergies	Latex Allergy: 🗆 No 🗀 Yes			
Weight kg Ibs TB Test: No Yes Date:	egative Positive (please send lab results) Status: New Restart Continuing			

		Prescription Information	Qty	Refills
□ Adbry [®] *12+ Years Old	150 mg PFS	 Load: Inject 300 mg (as two-150 mg injections) SUBQ on Day 1, then inject 150 mg SUBQ every other week starting on Day 15 Maintenance: Inject 150 mg SUBQ every other week starting on Day 15 	2 Syringes 2 Syringes	None
□ Cibinqo™ *12+ Years Old	□ 50 mg □ 100 mg □ 200 mg	□ Take 1 tablet by mouth once daily	30 Tablets	
□ Cosentyx [®]	□ 75 mg PFS 150 mg □ Pen □ PFS	 □ Load: Inject 75 mg SUBQ on week 0, 1, 2, 3 (<50 kg) □ Maintenance: Inject 75 mg SUBQ on week 4, then every 4 weeks thereafter (<50 kg) □ Load: Inject 150 mg SUBQ on week 0, 1, 2, 3 (≥50 kg) □ Maintenance: Inject 150 mg SUBQ on week 4, then every 4 weeks thereafter (≥50 kg) 	4 Week Supply 4 Week Supply 4 Week Supply 4 Week Supply	None None
Dupixent® *Age 6 Months-	 □ 200 mg PFS w/Shield □ 200 mg Pen (2+ years old) 	□ Inject 200 mg SUBQ every 4 weeks (5 kg to <15 kg)	2 Syringes	
5 Years Old	 □ 300 mg PFS w/Shield □ 300 mg Pen (2+ years old) 	□ Inject 300 mg SUBQ every 4 weeks (15 kg to <30 kg)	2 Syringes	
*Age 6-17 Years Old 300 mg Pen 200 mg PFS 200 mg Pen	☐ 300 mg PFS w/Shield☐ 300 mg Pen	 Load: Inject 600 mg (as two-300 mg injections in different sites) on Day 1, then 300 mg every 4 weeks starting on Day 29 (15kg to <30kg) Maintenance: Inject 300 mg SUBQ once every 4 weeks starting on Day 29 (15 kg to <30 kg) 	2 Syringes 2 Syringes	None
	□ 200 mg PFS w/Shield □ 200 mg Pen	Load: Inject 400 mg (as two-200 mg injections in different sites) on Day 1, then 200 mg every other week starting on Day 15 (30 kg to <60 kg) Maintenance: Inject 200 mg SUBQ once every other week starting on Day 15 (30 kg to <60 kg)	2 Syringes 2 Syringes	None
	□ 300 mg PFS w/Shield □ 300 mg Pen	 □ Load: Inject 600 mg (as two-300 mg injections in different sites) on Day 1, then 300 mg every other week starting on Day 15 (≥60 kg) □ Maintenance: Inject 300 mg SUBQ every other week starting on Day 15 (≥60 kg) 	2 Syringes 2 Syringes	None
□ Ebglyss™ *12+ Years Old: ≥40 kg	□ 250 mg Pen □ 250 mg PFS	 Initial: Inject 500 mg (as two-250 mg injections) SUBQ at week 0 and week 2 Induction: Inject 250 mg SUBQ every 2 weeks (weeks 4-14). If additional induction dosing is needed, contact the pharmacy. Maintenance: Inject 250 mg SUBQ every 4 weeks, starting week 16. 	4 Injections 2 Injections 1 Injection	None 2
□ Enbrel [®]	50 mg SureClick® FFS Mini 55 mg PFS 55 mg PFS 55 25 mg/0.5 mL SDV	 □ Inject 50 mg SUBQ once a week (≥63 kg) □ Inject 25 mg SUBQ once a week □ Inject mg (0.8 mg/kg) subcutaneously once a week (<63 kg) 	4 Week Supply 4 Week Supply 4 Week Supply	
Other				

By signing this form, you are authorizing BioPlus Specialty Pharmacy and its employees to serve as your designated agent in submitting clinical and other required information to third party payers with respect to this prescription and any refills or continuation of the same medication and dose for this patient. IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property, or exempt from disclosure under applicable law. If you are not the named addressee you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.



Pediatric Dermatology H-O

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8-292-0744 b

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Need By I							
	Patient In	formation	Pre	scriber	nforma	tion	
Patient Name			Prescriber Name				
Address			Address				
City State ZIP			City State ZIP				
Main Phone		Alternate Phone	Phone		Fax		
Social Security #	ŧ		Contact Person		1		
Date of Birth		Female Male	DEA#	NPI#		License #	
		Clinical Ir	nformation				
-		oderate to Severe Plaque Psoriasis 🛛 L40.50 Pso		Suppurativa - Hu			
	s: 🗆 Hands 🗆 Feet 🗆 Knees						
	s: 🗆 Biologics:		Oral:				
Drug Allergies						🗆 No 🗆 Yes	
Weight	🗆 kg 🗆 lbs	TB Test: No Yes Date: Results: N	egative 🛛 Positive (please send lat	o results)	Status: □ New □ R	Restart 🗆 Conti	nuing
		Prescription	Information			Otv	Refills
□ Humira [®] HS Citrate Free	PsO/UV Starter Pkg (Pens only)	Prescription		other	L	Qty oading Dose	Refills None
☐ Humira® HS Citrate Free *Adol: 30 kg-59 kg	□ PsO/UV Starter Pkg (Pens only) 40 mg □ Pen □ PFS		n 40 mg on Day 8, then 40 mg every	other			
Citrate Free	(Pens only) 40 mg □ Pen □ PFS □ HS Starter Pkg (Pens only)	 Load: Inject 80 mg SUBQ on Day 1, therweek thereafter Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as two-80 injection on Day 1 and then Day 2, then in thereafter starting on Day 29 	n 40 mg on Day 8, then 40 mg every other week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 40		4	oading Dose Week Supply oading Dose	
Citrate Free *Adol: 30 kg-59 kg	(Pens only) 40 mg □ Pen □ PFS □ HS Starter Pkg	Load: Inject 80 mg SUBQ on Day 1, ther week thereafter Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as two-80 injection on Day 1 and then Day 2, then in thereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every	n 40 mg on Day 8, then 40 mg every other week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 40 week	0 mg I mg every week	4 Lo	oading Dose Week Supply	None
Citrate Free *Adol: 30 kg-59 kg □ Humira [®] HS Citrate Free *Adol: ≥60 kg	(Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 40 mg Pen PFS	 Load: Inject 80 mg SUBQ on Day 1, therweek thereafter Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as two-80 injection on Day 1 and then Day 2, then in thereafter starting on Day 29 	n 40 mg on Day 8, then 40 mg every other week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 40 week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 80	0 mg I mg every week	4 La 4	oading Dose Week Supply oading Dose Week Supply	None
Citrate Free *Adol: 30 kg-59 kg □ Humira [®] HS Citrate Free *Adol: ≥60 kg □ Humira [®] HS Citrate Free	(Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only)	Load: Inject 80 mg SUBQ on Day 1, ther week thereafter Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as two-80 injection on Day 1 and then Day 2, then in thereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as two-80 injection on Day 1 and then Day 2, then in week thereater starting on Day 29	n 40 mg on Day 8, then 40 mg every other week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 40 week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 80	0 mg I mg every week	4 4 4 14	oading Dose Week Supply oading Dose Week Supply oading Dose	None
Citrate Free *Adol: 30 kg-59 kg □ Humira® HS Citrate Free *Adol: ≥60 kg □ Humira® HS Citrate Free *HS Adol: ≥6 0kg □ Litfulo™	(Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) a0 mg Pen	Load: Inject 80 mg SUBQ on Day 1, ther week thereafter Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then in thereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then in week thereater starting on Day 29 Maintenance: Inject 80 mg SUBQ every Take 1 capsule by mouth once daily Load: Inject 60 mg (as two-30 mg pens)	n 40 mg on Day 8, then 40 mg every other week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 40 week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 80 other week SUBQ at week 0	0 mg I mg every week	4 4 4 20 20 2	oading Dose Week Supply oading Dose Week Supply oading Dose Week Supply	None
Citrate Free *Adol: 30 kg-59 kg □ Humira® HS Citrate Free *Adol: ≥60 kg □ Humira® HS Citrate Free *HS Adol: ≥6 0kg □ Litfulo™ *12+ Years Old □ NemIuvio® *12+ Years Old □ Otezla®	(Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 80 mg Pen 50 mg Capsule 30 mg Pen 10 mg-20 mg Starter Pack	Load: Inject 80 mg SUBQ on Day 1, ther week thereafter Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then is thereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then is week thereater starting on Day 29 Maintenance: Inject 80 mg SUBQ every Take 1 capsule by mouth once daily Load: Inject 60 mg (as two-30 mg pens) Maintenance: Inject 30 mg (1 pen) SUBQ	n 40 mg on Day 8, then 40 mg every other week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 40 week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 80 other week SUBQ at week 0 Q every 4 weeks	0 mg mg every week 0 mg 1 mg every other	4 4 4 2 2 1 1	oading Dose Week Supply oading Dose Week Supply oading Dose Week Supply 8 Capsules Pens Pen Starter Pack	None None None
Citrate Free *Adol: 30 kg-59 kg ☐ Humira® HS Citrate Free *Adol: ≥60 kg ☐ Humira® HS Citrate Free *HS Adol: ≥6 0kg ☐ Litfulo™ *12+ Years Old ☐ NemIuvio® *12+ Years Old	(Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 80 mg Pen 50 mg Capsule 30 mg Pen	Load: Inject 80 mg SUBQ on Day 1, ther week thereafter Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then is thereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then is week thereafter starting on Day 29 Maintenance: Inject 80 mg SUBQ every Take 1 capsule by mouth once daily Load: Inject 60 mg (as two-30 mg pens) Maintenance: Inject 30 mg (1 pen) SUBQ	n 40 mg on Day 8, then 40 mg every other week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 40 week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 80 other week SUBQ at week 0 Q every 4 weeks ice daily as directed or date provideo	0 mg mg every week 0 mg 1 mg every other	4 4 4 2 2 1 1	oading Dose Week Supply oading Dose Week Supply oading Dose Week Supply 8 Capsules Pens Pen	None None None None
Citrate Free *Adol: 30 kg-59 kg □ Humira® HS Citrate Free *Adol: ≥60 kg □ Humira® HS Citrate Free *HS Adol: ≥6 0kg □ Litfulo™ *12+ Years Old □ NemIuvio® *12+ Years Old □ Otezla® *20 kg to <50 kg □ Otezla®	(Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 80 mg Pen 50 mg Capsule 30 mg Pen 10 mg-20 mg Starter Pack 20 mg Tablet	Load: Inject 80 mg SUBQ on Day 1, ther week thereafter Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then is thereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then is week thereater starting on Day 29 Maintenance: Inject 80 mg SUBQ every Take 1 capsule by mouth once daily Load: Inject 60 mg (as two-30 mg pens) Maintenance: Inject 30 mg (1 pen) SUBQ Take 1 tablet by mouth on Day 1 then two Take 1 tablet by mouth on Day 1 then two	n 40 mg on Day 8, then 40 mg every other week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 40 week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 80 other week SUBQ at week 0 Q every 4 weeks ice daily as directed or date provideo 13 14 15 16 17 17 17 17 17 17 17 17 17 17	0 mg mg every week 0 mg 1 mg every other	4 4 4 24 24 21 1 - 1 64	oading Dose Week Supply oading Dose Week Supply oading Dose Week Supply 8 Capsules Pens Pen Starter Pack	None None None None
Citrate Free *Adol: 30 kg-59 kg ☐ Humira® HS Citrate Free *Adol: ≥60 kg ☐ Humira® HS Citrate Free *HS Adol: ≥6 0kg ☐ Litfulo™ *12+ Years Old ☐ NemIuvio® *12+ Years Old ☐ Otezla® *20 kg to <50 kg	(Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 80 mg Pen 50 mg Capsule 30 mg Pen 10 mg-20 mg Starter Pack 20 mg Tablet	Load: Inject 80 mg SUBQ on Day 1, ther week thereafter Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then is thereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then is week thereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Take 1 capsule by mouth once daily Load: Inject 60 mg (as two-30 mg pens) Maintenance: Inject 30 mg (1 pen) SUBQ Take 1 tablet by mouth on Day 1 then tw Take 1 tablet by mouth twice daily For Bridge Requests please utilize the Otez BioPlus Specialty Pharmacy at 800-269-548 Take 1 tablet by mouth on Day 1 then tw Take 1 tablet by mouth on Day 1 then tw Take 1 tablet by mouth on Day 1 then tw	n 40 mg on Day 8, then 40 mg every other week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 40 week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 80 other week SUBQ at week 0 Q every 4 weeks ice daily as directed or date provided la Support Plus Start Form and fax to 33	0 mg mg every week 0 mg 1 mg every other	4 4 4 20 21 1 - 1 60 1	oading Dose Week Supply oading Dose Week Supply oading Dose Week Supply 8 Capsules Pens Pen Starter Pack 0 Tablets	None None None None None None None
Citrate Free *Adol: 30 kg-59 kg Citrate Free *Adol: ≥60 kg Citrate Free *HS Adol: ≥6 0kg Litfulo™ *12+ Years Old Otezla® *20 kg to <50 kg Cotezla® *≥50 kg	(Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 80 mg Pen 50 mg Capsule 30 mg Pen 10 mg-20 mg Starter Pack 20 mg Tablet 10 mg-20 mg-30 mg Starter Pack	Load: Inject 80 mg SUBQ on Day 1, therweek thereafter Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as two-80 injection on Day 1 and then Day 2, then intereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then intereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Take 1 capsule by mouth once daily Load: Inject 60 mg (as two-30 mg pens) Maintenance: Inject 30 mg (1 pen) SUBQ Take 1 tablet by mouth on Day 1 then two Take 1 tablet by mouth on Day 1 then two SioPlus Specialty Pharmacy at 800-269-543 Take 1 tablet by mouth on Day 1 then two	n 40 mg on Day 8, then 40 mg every other week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 40 week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 80 other week SUBQ at week 0 Q every 4 weeks ice daily as directed or date provided la Support Plus Start Form and fax to 33	0 mg mg every week 0 mg 1 mg every other	4 4 4 20 21 1 - 1 60 1	oading Dose Week Supply oading Dose Week Supply oading Dose Week Supply 8 Capsules Pens Pen Starter Pack 0 Tablets	None None None None None None None
Citrate Free *Adol: 30 kg-59 kg □ Humira® HS Citrate Free *Adol: ≥60 kg □ Humira® HS Citrate Free *HS Adol: ≥6 0kg □ Litfulo™ *12+ Years Old □ NemIuvio® *12+ Years Old □ Otezla® *20 kg to <50 kg □ Otezla®	(Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 80 mg Pen 50 mg Capsule 30 mg Pen 10 mg-20 mg Starter Pack 20 mg Tablet 10 mg-20 mg-30 mg Starter Pack	Load: Inject 80 mg SUBQ on Day 1, ther week thereafter Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then is thereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then is week thereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Take 1 capsule by mouth once daily Load: Inject 60 mg (as two-30 mg pens) Maintenance: Inject 30 mg (1 pen) SUBQ Take 1 tablet by mouth on Day 1 then tw Take 1 tablet by mouth twice daily For Bridge Requests please utilize the Otez BioPlus Specialty Pharmacy at 800-269-548 Take 1 tablet by mouth on Day 1 then tw Take 1 tablet by mouth on Day 1 then tw Take 1 tablet by mouth on Day 1 then tw	n 40 mg on Day 8, then 40 mg every other week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 40 week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 80 other week SUBQ at week 0 Q every 4 weeks ice daily as directed or date provided la Support Plus Start Form and fax to 33	0 mg mg every week 0 mg 1 mg every other	4 4 4 20 21 1 - 1 60 1	oading Dose Week Supply oading Dose Week Supply oading Dose Week Supply 8 Capsules Pens Pen Starter Pack 0 Tablets	None None None None None None None
Citrate Free *Adol: 30 kg-59 kg Citrate Free *Adol: ≥60 kg Citrate Free *HS Adol: ≥6 0kg Litfulo™ *12+ Years Old Otezla® *20 kg to <50 kg Cotezla® *≥50 kg	(Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 40 mg Pen PFS HS Starter Pkg (Pens only) 80 mg Pen 50 mg Capsule 30 mg Pen 10 mg-20 mg Starter Pack 20 mg Tablet 10 mg-20 mg-30 mg Starter Pack	Load: Inject 80 mg SUBQ on Day 1, ther week thereafter Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then is thereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Load: Inject 160 mg SUBQ as _ two-80 injection on Day 1 and then Day 2, then is week thereafter starting on Day 29 Maintenance: Inject 40 mg SUBQ every Take 1 capsule by mouth once daily Load: Inject 60 mg (as two-30 mg pens) Maintenance: Inject 30 mg (1 pen) SUBQ Take 1 tablet by mouth on Day 1 then tw Take 1 tablet by mouth twice daily For Bridge Requests please utilize the Otez BioPlus Specialty Pharmacy at 800-269-548 Take 1 tablet by mouth on Day 1 then tw Take 1 tablet by mouth on Day 1 then tw Take 1 tablet by mouth on Day 1 then tw	n 40 mg on Day 8, then 40 mg every other week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 40 week) mg injections on Day 1 or □ one-8 nject 80 mg on Day 15, then inject 80 other week SUBQ at week 0 Q every 4 weeks ice daily as directed or date provided la Support Plus Start Form and fax to 33	0 mg mg every week 0 mg 1 mg every other	4 4 4 20 21 1 - 1 60 1	oading Dose Week Supply oading Dose Week Supply oading Dose Week Supply 8 Capsules Pens Pen Starter Pack 0 Tablets	None None None None None None None

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Pediatric Dermatology P-Z

A Carelon Company

Need By Date: ____

Fax: 800-269-5493

Ship To: 🗆 Patient 🗆 Office 🗆 Other ___

Phone: 888-292-0744

__ Fax Copy: 🗆 Rx Card Front/Back 🛛 Clinical Notes 🔲 Medical Card Front/Back

bioplusrx.com/therapy

Patient Information		Prescriber Information			
Patient Name		Prescriber Name			
Address		Address			
City State ZIP		City State ZIP			
Main Phone	Alternate Phone	Phone		Fax	
Social Security #		Contact Person			
Date of Birth	🗆 Female 🗆 Male	DEA#	NPI #		License #
	Clinical Ir	formation			
•	Moderate to Severe Plaque Psoriasis 🛛 L40.50 Pso		Suppurativa - Hu		
Location: Joints: Hands Feet Knees Spine Skin: Hands Feet Scalp Groin Nails Other: % BSA:					:
Prior Failed Meds: □ Biologics: □ Oral: □ Topical: □ Other:					
Drug Allergies Latex Allergy:					
Weight 🗆 kg 🗆 lbs	TB Test: □ No □ Yes Date: Results: □ Ne	egative	o results)	Status: □ New □ Re	start 🛛 Continuing

		Prescription Information	Qty	Refills
□ Rinvoq® *12+ Years Old; ≥40 kg	15 mg ER Tablet30 mg ER Tablet	□ Take 1 tablet by mouth once daily	30 Tablets	
☐ Stelara [®] Psoriasis	□ 45 mg Vial (<60 kg)	□ Starter: Inject mg (0.75 mg/kg) SUBQ on week 0 □ Maintenance: Inject mg (0.75 mg/kg) SUBQ on week 4, then every 12 weeks thereafter	1 Vial 1 Vial	None
	 □ 45 mg PFS (60 kg to ≤100 kg) □ 90 mg PFS (>100 kg) 	 Starter: Inject 1 syringe SUBQ on week 0 Maintenance: Inject 1 syringe SUBQ on week 4, and then every 12 weeks thereafter 	1 Syringe 1 Syringe	None
□ Stelara® Psoriatic Arthritis □ 45 mg Vial (<60 kg) □ 45 mg PFS (≥60 kg) □ 90 mg PFS (>100 kg with Ps)	□ Starter: Inject mg (0.75 mg/kg) SUBQ on week 0 □ Maintenance: Inject mg (0.75 mg/kg) SUBQ on week 4, then every 12 weeks thereafter	1 Vial 1 Vial	None	
	0 (0)	 Starter: Inject 1 syringe SUBQ on week 0 Maintenance: Inject 1 syringe SUBQ on week 4, and then every 12 weeks thereafter 	1 Syringe 1 Syringe	None
Taltz®	÷	 Starter: Inject 40 mg SUBQ on Day 1 (<25 kg) Maintenance: Inject 20 mg SUBQ every 4 weeks thereafter (<25 kg) 	1 Syringe 1 Syringe	None
	0	 Starter: Inject 80 mg SUBQ on Day 1 (25 kg to 50 kg) Maintenance: Inject 40 mg SUBQ every 4 weeks thereafter (25 kg to 50 kg) 	1 Syringe 1 Syringe	None
	80 mg 🗆 Pen 🗆 PFS	 Starter: Inject 160 mg (as two-80 mg injections) SUBQ on Day 1 (>50 kg) Maintenance: Inject 80 mg SUBQ every 4 weeks thereafter (>50 kg) 	2 Syringes 1 Syringe	None
□ Other				

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