



A Carelon Company

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NEUROLOGY & MULTIPLESCLEROSIS

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

PATIENT INFORMATION

Name, Address, Home Phone, Cell, SSN, City, Email, DOB, State, Zip, Gender: Female Male

INSURANCE INFORMATION (or attach copy of the cards)

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

PRESCRIPTION INFORMATION (for IV medication attach a copy of the prescription)

PRIOR TREATMENT HISTORY AVONEX BETASERON COPAXONE GILENYA Rebif Other

MS MEDICATIONS

AVONEX (interferon beta-1a) Enroll in Above MS 30 mcg (PFS Pen) Inject IM once weekly
Qty: 4 Refills:

BETASERON (interferon beta-1b) Enroll in BETAPLUS
Starting Titration: 62.5 mcg SUBQ every other day for weeks 1 and 2, 125 mcg SUBQ every other day for weeks 3 and 4, 187.5 mcg SUBQ every other day for weeks 5 and 6, 250 mcg SUBQ every other week for weeks 7 and 8
Qty: 30 days Refills: 1
Maintenance Dosing: 250 mcg (1 ml) SUBQq every other day BetaConnect
Qty: 14 Refills:

COPAXONE (glatiramer acetate) Enroll in Shared Solutions Enroll in Mylan ADVOCATE
20 mg SUBQ every day 40 mg SUBQ three times per week
Qty: 28 days Refills:

Dalfampridine 10 mg by mouth every 12 hours
Qty: 60 Refills:

EXTAVIA (interferon beta-1b) Extavia Go Program
Starting Titration: 62.5 mcg SUBQ every other day for weeks 1 and 2, 125 mcg SUBQ every other day for weeks 3 and 4, 187.5 mcg SUBQ every other day for weeks 5 and 6, 250 mcg SUBQ every other week for weeks 7 and 8
Qty: 30 days Refills: 1
Maintenance Dosing: 250 mcg (1 ml) SUBQ every other day
Qty: 15 Refills:

FINGOLIMOD (gilenya) 0.5 mg PO once a day 0.25 mg PO once a day
Qty: 30 Refills:

GILENYA (fingolimod) Enroll in Gilenya Go Program 0.5 mg PO once a day
Qty: 30 Refills:

KESIMPTA (ofatumumab) Sensoready Pen
Starting Dose: 20 mg SUBQ administered at week 0, 1, and 2
Maintenance Dosing: 20 mg administered monthly starting at week 4
Qty: Refills:

MAVENCLAD (dadriline) 10 mg tablet Take daily by mouth at intervals of 24 hours

Table with columns for Weight Range (kg), Week 1, Week 5, Total Tablets Week 1, Total Tablets Week 5, Total Tablets. Rows for weight ranges from <40 to <50 to >=110 and above.

of tablets: # of cycles:

MAYZENT (siponimod) Please complete Mayzent Prescription Start Form and attach to this referral form.

PLEGRIDY (peginterferon beta-1a) Induction: PFS Pen
63 mcg SUBQ on day 1, 94 mcg SUBQ on day 15
Qty: 1 pack Refills: None
Maintenance: 125 mcg/0.5 ml PFS Pen
125 mcg SUBQ every 14 days, starting day 29 of therapy
Qty: 2 Refills:

PONVORY (ponesimod) tablets
Starting Titration: 2 mg PO day 1 and 2, 3 mg PO day 3 and 4, 4 mg PO day 5 and 6, 5 mg PO day 7, 6 mg PO day 8, 7 mg PO day 9, 8 mg PO day 10, 9 mg PO day 11, 10 mg PO day 12, 13 and 14.
Qty: 1 pack Refills: None
Maintenance: 20 mg PO once daily
Qty: 30 Refills:

OCREVUS (ocrelizumab)
Starting Dose: 300 mg intravenous infusion, followed two weeks later by a second 300 mg intravenous infusion
Maintenance: 600 mg intravenous infusion every 6 months
Qty: Refills:

OZOBAX (baclofen) 5 mg/ml Oral Solution Goal Dose: mg/day (should be divided into 3-4 doses)
Directions: Increase dose slowly every 3 days by 5 mg PO 3 times/day up to goal dose

Rebif (interferon beta-1a) Enroll in MS LifeLines PFS/Rebject II** Rebif Rebidose
Titration Pack:
Goal Dose 22 mcg: (Full dose therapy beginning week 5) 4.4 mcg/0.1 ml SUBQ three times weekly week 1-2, 11 mcg/0.25 ml SUBQ three times weekly weeks 3-4
Goal Dose 44 mcg: (Full dose therapy beginning week 5) 8.8 mcg/0.1 ml SUBQ three times weekly week 1-2, 22 mcg/0.25 ml three times weekly weeks 3-4
Qty: 1 pack Refills: None
Maintenance Dosing: 44 mcg 22 mcg SUBQ three times per week
Qty: Refills:

TECFIDERA (dimethyl fumarate) 120 mg (14 per bottle 7 day supply) 240 mg (60 per bottle 30 day supply)
Starting Dose: 120 mg twice a day, PO, day 1 through 7
Maintenance Dosing: Starting day 8, 240 mg PO twice daily
Qty: Refills:

Teriflunomide (generic for Aubagio) 7 mg PO once daily, with or without food.
Qty: 30 Refills:

VUMERITY (diroximel fumarate)
Starting Dose: Take 1 capsule (231 mg) orally twice daily for 7 days, then increase to 2 capsules (462 mg) twice daily.
Qty: 106 Refills: None
Maintenance Dosing: Take 2 capsules (462 mg) PO twice a day
Qty: 120 Refills:
Alternate Maintenance Dosing: Take capsules (mg) PO twice a day
Qty: 120 Refills:

ZEPOSIA (ozanimod)
7-day titration: Days 1 to 4: Give 0.23 mg PO once daily, days 5 to 7: Give 0.46 mg PO once daily
Qty: 1 Refills: None
Maintenance Dosing: Starting day 8, 0.92 mg PO once daily
Qty: 30 Refills:

OTHER STRENGTH:
SIG/DIRECTIONS:
REFILLS: QUANTITY:
*AVAILABLE IN GENERIC

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

PHYSICIAN INFORMATION

Injection Training: Office to Instruct SP to Arrange Teaching

Prescriber Name, Office Contact, Address, NPI #, Prescriber Signature, Phone, Email, City, Tax ID #, Date, Fax, State, Zip, Ship To: Patient MD Office