



A CAREPATHrx Company

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

Transplant Referral Form

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

PATIENT INFORMATION

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

INSURANCE INFORMATION (or attach copy of cards)

Primary Insurance Co:		Phone:	Policy #:	Group#:
Secondary Insurance Co:		Phone:	Policy #:	Group#:

CLINICAL INFORMATION

Transplant Date:		Projected Discharge Date:		Organ Transplanted:	
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PRESCRIPTION INFORMATION (for IV medication attach a copy of prescription)

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
Astagraf XL[®] (tacrolimus extended-release capsules)	<input type="checkbox"/> 0.5 mg <input type="checkbox"/> 1 mg <input type="checkbox"/> 5 mg			
Azasan[®] (azathioprine)	<input type="checkbox"/> 75 mg <input type="checkbox"/> 100 mg			
Cellcept[®] (mycophenolate mofetil capsules)*	<input type="checkbox"/> 200 mg/ ml Powder for Suspension <input type="checkbox"/> 250 mg <input type="checkbox"/> 500mg			
Envarsus XR[®] (tacrolimus extended-release tablets)	<input type="checkbox"/> 0.75 mg <input type="checkbox"/> 1 mg <input type="checkbox"/> 4 mg			
Imuran[®] (azathioprine)*	<input type="checkbox"/> 50 mg			
Myfortic[®] (mycophenolic acid)*	<input type="checkbox"/> 180 mg <input type="checkbox"/> 360 mg			
Neoral[®] (cyclosporine capsules, USP)*	<input type="checkbox"/> 25 mg <input type="checkbox"/> 100 mg <input type="checkbox"/> 100mg/ ml Oral Solution			
Prograf[®] (tacrolimus)*	<input type="checkbox"/> 0.5 mg <input type="checkbox"/> 1 mg <input type="checkbox"/> 5 mg			
Rapamune (sirolimus)*	<input type="checkbox"/> 0.5mg <input type="checkbox"/> 1 mg <input type="checkbox"/> 2 mg <input type="checkbox"/> 1 mg/ ml Oral Solution			
Sandimmune[®] (cyclosporine capsules, usp)*	<input type="checkbox"/> 25 mg <input type="checkbox"/> 100 mg <input type="checkbox"/> 100 mg/ ml Oral Solution			
Zortress (everolimus)	<input type="checkbox"/> 0.25 mg <input type="checkbox"/> 0.5 mg <input type="checkbox"/> 0.75 mg <input type="checkbox"/> 1 mg			
<input type="checkbox"/> Other				

*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.		<input type="checkbox"/> Dispense as written
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PHYSICIAN INFORMATION

Prescriber Name:		Phone:		Fax:	
Office Contact:		Email:		Ship To: <input type="checkbox"/> Patient <input type="checkbox"/> 1st Fill Only <input type="checkbox"/> MD All Orders	
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, and Route 300 Pharmacy (the "BioPlus Pharmacies"), to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay 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 Ste 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

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