



A CAREPATHrx Company

Oncology Infusion

Fax: 800-269-5493
Phone: 833-ONC-EASY (662-3279)
bioplusrx.com

PATIENT INFORMATION

Form fields for Patient Name, SSN, DOB, Address, City, State, Zip, Home Phone, Cell, Height, Weight, Gender, Email, Allergies.

INSURANCE INFORMATION (or attach copy of cards)

Form fields for Primary Insurance Co., Policy Holder, Relationship, Policy #, Group #.

CLINICAL INFORMATION

Form fields for Primary Diagnosis, Diagnosis (ICD-10), Cancer stage, Patient previously treated, Previous Infusion Chemotherapy Treatment, Next Dose Date, Therapy Start Date, Length of Therapy, Date of Last Infusion.

PRESCRIPTION INFORMATION (or attach a copy of prescription)

Infusion Chemotherapy

- List of chemotherapy drugs: ABRAXANE, ADRUCIL, ALIMTA, ARZERRA, DARZALEX, DARZALEX FASPRO, ELOXATIN, EMLICITI, ERBITUX, GAZYVA, GEMZAR, IXEMPRA, JEVTANA, KADCYLA, KEYTRUDA, KYPROLIS, OPDIVO, PARAPLATIN, PERJETA, PLATINOL, TAXOL, TAXOTERE, TECENTRIQ, TORISEL, VELCADE, YERVOY, ZOMETA.

For the following please select an acceptable biosimilar:

- Biosimilar options: RITUXAN, TRUXIMA, RIABNI, RUXIENCE, AVASTIN, MVASI, ZIRABEV, HERCEPTIN, KANJINTI, Ogivri, TRAZIMERA, HERZUMA, ONTRUZANT.

Directions: Drug Name, Dose, Frequency, Quantity, Refills, IV/SubQ options.

Directions: Drug Name, Dose, Frequency, Quantity, Refills, IV/SubQ options.

Labs: Date, Serum Creatinine, eGFR/CrCL.

Pre-Medication

- Pre-medication options: Benadryl, Decadron, Pepcid, Other.

Antiemetics

- Antiemetic options: ALOX, AKYNZEO, EMEND, ANZEMET, Kytril, ZOFRAN, COMPAZINE, Other.

Supportive Therapy (For the following please select an acceptable biosimilar)

- Supportive therapy options: NEUPOGEN, GRANIX, ZARXIO, NIVESTYM, PROCRIT, RETACRIT, EPOGEN, NEULASTA, FULPHILA, UDENYCA, NYVEPRIA, ZIEXTENZO.

Start of Therapy Date:

Special Delivery Instructions:

As required by your state, Prescriber to check "Dispense as written" or handwritten "Brand Medically Necessary" and sign to prevent generic substitution.

PHYSICIAN INFORMATION

Form fields for 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, and Route 300 Pharmacy (the "BioPlus Pharmacies"), to act on your behalf to obtain prior authorization for the prescribed medications.

178947

BSP211008