



A Carelon Company

Urology Referral Form

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

Fax: 800-269-5493

Phone: 833-ONC- EASY (662-3279)

bioplusrx.com

PATIENT INFORMATION

Patient 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 #:

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

Abiraterone (generic for Zytiga)

250 mg tablet 500 mg tablet

Directions:

Take 1000 mg once daily by mouth on an empty stomach
 Other: _____

Qty: Refills:

PREDNISONE

CRPC: Take 5 mg by mouth twice daily with food
 CSPC: Take 5 mg by mouth once daily with food

Qty: Refills:

XTANDI® (enzalutamide)

40 mg tablets 40 mg capsule 80 mg tablet

Directions:

160 mg (FOUR 40 mg capsules or TWO 80 mg tablets) administered orally once daily.

Qty: Refills:

ERLEADA™ (apalutamide) 60 mg tablet

Directions:

Take 240 mg (FOUR 60 mg tablets) once daily

Qty: Refills:

YONSA® (abiraterone) 125 mg tablet

Directions:

Take 500 mg (FOUR 125 mg tablets) by mouth once daily

Qty: Refills:

METHYLPREDNISOLONE

Take 4 mg by mouth twice daily with food

Qty: Refills:

***If patient has not had a bilateral orchiectomy or currently on gonadotropin-releasing hormone (GnRH) analog therapy, prescribe below in "Other." ***

LHR Agonist

- TRELSTAR® (triptorelin)
- ZOLADEX® (goserelin)
- VANTAS® (histrelin)
- ELIGARD® (leuprolide)
- LUPRON DEPOT® (leuprolide)

1st Generation Antiandrogens:

- NILANDRON® (nilutamide)
- EULEXIN® (flutamide)
- CASODEX® (bicalutamide)

Please use this section for additional directions or other medications not listed.

OTHER

STRENGTH:

SIG/DIRECTIONS:

QUANTITY:

REFILLS:

Start of Therapy Date:

Special Delivery Instructions:

Start of Therapy Date:

Ship To: Patient MD Office 1st Order Only MD Office All Orders

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

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, Route 300 Pharmacy, and Santa Barbara Specialty 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

Santa Barbara Specialty Pharmacy 4690 Carpinteria Ave, Ste B, Carpinteria, CA 93013

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