



A Carelon Company

Oncology Infusion

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Phone: 833-ONC-EASY (662-3279)
bioplusrx.com

PATIENT INFORMATION

Patient Name:		SSN:		DOB:	
Address:		City:		State:	Zip:
Home Phone:	Cell:	Height:	Weight:	Gender:	Male Female
Email:		Allergies:			

INSURANCE INFORMATION (or attach copy of cards)

Primary Insurance Co:	Policy Holder:	Relationship:	Policy #:	Group #:
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CLINICAL INFORMATION

Primary Diagnosis: _____ Diagnosis (ICD-10): _____

Cancer stage: Stage 0 Stage I Stage II Stage III Stage IV Other: _____

Patient previously treated for this condition? Yes No Medication(s): _____

Previous Infusion Chemotherapy Treatment: Yes No If Yes, list medications: _____

Next Dose Date: _____ Therapy Start Date: _____ Length of Therapy: _____ Date of Last Infusion: _____

PRESCRIPTION INFORMATION (or attach a copy of prescription)

Infusion Chemotherapy

- | | | | |
|-------------------------------------------------------------|----------------------------------------------|-----------------------------------|-----------------------------------|
| ABRAXANE ® (paclitaxel protein-bound) | EMPLICITI ® (elotuzumab) | KEYTRUDA ® (pembrolizumab) | TAXOTERE ® (docetaxel) |
| ADRUCIL ® (5-fluorouracil) | ERBITUX ® (cetuximab) | KYPROLIS ® (carfilzomib) | TECENTRIQ ® (atezolizumab) |
| ALIMTA ® (pemetrexed disodium) | GAZYVA ® (obinituzumab) | OPDIVO ® (nivolumab) | TORISEL ® (temsirolimus) |
| ARZERRA ® (ofatumumab) | GEMZAR ® (gemcitabine) | PARAPLATIN ® (carboplatin) | VELCADE ® (bortezomib) |
| DARZALEX ® (daratumumab) | IXEMPRA ® (ixabepilone) | PERJETA ® (pertuzumab) | YERVOY ® (ipilimumab) |
| DARZALEX FASPRO ® (daratumumab & hyaluronidase-fihj) | JEVTANA ® (cabazitaxel) | PLATINOL ® (cisplatin) | ZOMETA ® (zoledronic acid) |
| ELOXATIN ® (oxaliplatin) | KADCYLA ® (ado-trastuzumab emtansine) | TAXOL ® (paclitaxel) | |

For the following please select an acceptable biosimilar:

- | | | |
|-------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> RITUXAN ® (rituximab) | <input type="checkbox"/> AVASTIN ® (bevacizumab) | <input type="checkbox"/> HERCEPTIN ® (trastuzumab) |
| <input type="checkbox"/> TRUXIMA ® | <input type="checkbox"/> MVASI ™ | <input type="checkbox"/> KANJINTI ™ |
| <input type="checkbox"/> RIABNI ™ | <input type="checkbox"/> ZIRABEV ™ | <input type="checkbox"/> Ogivri ® |
| <input type="checkbox"/> RUXIENCE ® | | <input type="checkbox"/> HERZUMA ® |
| | | <input type="checkbox"/> ONTRUZANT ® |
| | | <input type="checkbox"/> TRAZIMERA ® |

Directions: Drug Name (write in one of the above): _____ Follow manufacturer guideline

Dose: _____ Frequency: _____ every _____ days

Quantity: _____ Refills: _____ IV SubQ

Directions: Drug Name (write in one of the above): _____ Follow manufacturer guideline

Dose: _____ Frequency: _____ every _____ days

Quantity: _____ Refills: _____ IV SubQ

Labs Date: _____ Serum Creatinine: _____ eGFR/CrCL: _____

Pre-Medication

- | | | | |
|--------------------------------------------------------------|----------------------------|---------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Benadryl ® (diphenhydramine) | Strength: _____ SIG: _____ | <input type="checkbox"/> IV <input type="checkbox"/> PO QTY:: _____ | Refills:: _____ |
| <input type="checkbox"/> Decadron ® (dexamethasone) | Strength: _____ SIG: _____ | <input type="checkbox"/> IV <input type="checkbox"/> PO QTY:: _____ | Refills:: _____ |
| <input type="checkbox"/> Pepcid ® (famotidine) | Strength: _____ SIG: _____ | <input type="checkbox"/> IV <input type="checkbox"/> PO QTY:: _____ | Refills:: _____ |
| <input type="checkbox"/> Other _____ | Strength: _____ SIG: _____ | <input type="checkbox"/> IV <input type="checkbox"/> PO QTY:: _____ | Refills:: _____ |

Antiemetics Chemotherapy-induced N/V Radiation-induced N/V

- ALOXI**® (palonosetron hydrochloride) **AKYNZEO**® (netupitant/palonosetron) **EMEND**® (aprepitant) **ANZEMET**® (dolasetron) **Kytril**® (granisetron) **ZOFRAN**® (ondansetron) **COMPazine**® (prochlorperazine) Other _____
- Strength: _____ SIG: _____ IV PO QTY:: _____ Refills:: _____

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

- | | | | |
|------------------------------------------------------------|--------------------------------------------|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> NEUPOGEN ® (filgrastim) | <input type="checkbox"/> GRANIX ® | <input type="checkbox"/> ZARXIO ® | <input type="checkbox"/> NIVESTYM ™ |
| Strength: _____ SIG: _____ | | | |
| <input type="checkbox"/> PROCRIT ® (epoetin alfa) | <input type="checkbox"/> RETACRIT ® | <input type="checkbox"/> EPOGEN ® | |
| Strength: _____ SIG: _____ | | | |
| <input type="checkbox"/> NEULASTA ® (pegfilgrastim) | <input type="checkbox"/> FULPHILA ® | <input type="checkbox"/> UDENYCA ® | <input type="checkbox"/> NYVEPRIA ™ |
| Strength: _____ SIG: _____ | | | |
| | | | <input type="checkbox"/> 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.	<input type="checkbox"/> Dispense as written
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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, 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 copy 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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