

PATIENT INFORMATION

Patient Name:		SSN:		DOB:	
Address:		City:		State:	Zip:
Home Phone:	Cell:	Height:	Weight:	Gender:	Female Male
Email:		Allergies:			
Primary Diagnosis:		Secondary Diagnosis (ICD-10)			

INSURANCE INFORMATION (or attach copy of cards)

Primary Insurance Co:	Policy Holder:	Relationship:	Policy #:	Group #:
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PRESCRIPTION INFORMATION (or attach a copy of prescription)

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
REVLIMID® (lenalidomide) [†] Complete lab section below	<input type="checkbox"/> 2.5 mg <input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg <input type="checkbox"/> 15 mg <input type="checkbox"/> 20 mg <input type="checkbox"/> 25 mg	<input type="checkbox"/> Take _____ caps by mouth once a day on days 1-21, of a 28 day cycle. <input type="checkbox"/> Take _____ caps by mouth once a day on days 1-14, of a 21 day cycle. <input type="checkbox"/> Take _____ caps by mouth once a day on days 1-14, of a 28 day cycle <input type="checkbox"/> Take _____ caps by mouth once a day continuously on days 1-28.		None
THALOMID® (thalidomide)	<input type="checkbox"/> 50 mg <input type="checkbox"/> 100 mg <input type="checkbox"/> 150 mg <input type="checkbox"/> 200 mg	<input type="checkbox"/> Take _____ caps by mouth once daily at bedtime.		None
POMALYST® (pomalidomide)	<input type="checkbox"/> 1 mg <input type="checkbox"/> 2 mg <input type="checkbox"/> 3 mg <input type="checkbox"/> 4 mg	<input type="checkbox"/> Take _____ caps by mouth once daily on days 1-21, of a 28 day cycle.		None

Patient Type: Adult Female, Not of Reproductive Potential Adult Female, Reproductive Potential Female Child, Not of Reproductive Potential
 Female Child, Reproductive Potential Adult Male Male Child

Celgene Auth#: _____ **Date Issued:** _____

_____ † To prevent delays and minimize phone calls please provide the following labs: Serum Creatinine: _____ eGFR/CrCL: _____ Date: _____

XELODA® (capecitabine)* [†] Complete lab section above	<input type="checkbox"/> 150 mg <input type="checkbox"/> 500 mg Total dose: _____ mg	<input type="checkbox"/> Take total dose by mouth twice daily on days 1-14 of 21 day cycle. Repeat. <input type="checkbox"/> Take total dose twice daily in conjunction with radiation: <input type="checkbox"/> M-F <input type="checkbox"/> 7 days/week Radiation length of therapy: _____ <input type="checkbox"/> Other _____		
TEMODAR® (temozolomide)*	<input type="checkbox"/> Total dose: _____ mg tablet	<input type="checkbox"/> Take _____ mg by mouth once daily for 5 days every 28 days <input type="checkbox"/> Take _____ mg by mouth once daily in conjunction with radiation for _____ days <input type="checkbox"/> Start Date _____ for _____ # of days a week <input type="checkbox"/> Other _____		
Deferiprone	500 mg tablet	<input type="checkbox"/> Take _____ mg by mouth three times daily with or without food Recommended dosing 25 mg/kg to 33mg/kg body weight three time a day. Total daily dose of 75mg/kg to 99mg/kg		
JADENU™ (deferasirox)* † <input type="checkbox"/> Tablets <input type="checkbox"/> Sprinkle Granules	<input type="checkbox"/> 90 mg <input type="checkbox"/> 180 mg <input type="checkbox"/> 360 mg	<input type="checkbox"/> Take _____ mg by mouth once daily with or without a light meal.		
EXJADE® (deferasirox)* † Tablets for Suspension	<input type="checkbox"/> 125 mg <input type="checkbox"/> 250 mg <input type="checkbox"/> 500 mg	<input type="checkbox"/> Take _____ mg by mouth once daily on an empty stomach at least 30 minutes before food		
ZYTIGA® (abiraterone acetate)*	<input type="checkbox"/> 250 mg <input type="checkbox"/> 500 mg	<input type="checkbox"/> Take _____ mg by mouth once daily.		
with PREDNISONE	_____ mg	<input type="checkbox"/> CRPC: Take 5 mg by mouth twice daily with food <input type="checkbox"/> CSPC: Take 5 mg by mouth once daily with food		
Sorafenib	200 mg tablets	400 mg (2 tablets) orally twice daily without food		

AFINITOR® (everolimus)*	COMETRIQ™ (cabozantinib)	FORTEO® (teriparatide)	MEKINIST™ (trametinib)	RYDAPT® (midostaurin)	TASIGNA® (nilotinib)
AGRYLIN® (anagrelide)*	COTELLIC® (cobimetinib)	GAVRETO® (pralsetinib)	MEKTOV® (binimetinib)	SPRYCEL® (dasatinib)	TYKERB® (lapatinib)*
ALECENSA® (alectinib)	CYTOXAN® (cyclophosphamide)*	GLEEVEC® (imatinib)* [†]	MYLOTARG™ (gemtuzumab ozogamicin)	SUTENT® (sunitinib malate)	VIZIMPRO® (dacomitinib)
AUGTYRO™ (reprotectinib)	DAURISMO™ (glasdegib)	IBRANCE® (palbociclib)	NILANDRON® (nilutamide)	TABRECTA® (capmatinib)	VOTRIENT® (pazopanib)
BESPONSA® (inotuzumab ozogamicin)	ERIVEDGE™ (vismodegib)	INLYTA® (axitinib)	ODOMZO® (sonidegib)	TAFINLAR® (dabrafenib)	XALKOR® (crizotinib)* [†]
BOSULIF® (bosutinib) †	ERLEADA™ (apalutamide)	KISQAL® (ribociclib)*	ONUREG® (azacitidine)	TALZENNA® (talazoparib)	XTANDI® (enzalutamide)
BRAFTOVI® (encorafenib)	FASLODEX® (fuvestrant)*	LORBRENA® (lorlatinib)*	PIQRAY® (alpelisib)	TARCEVA® (erlotinib)*	YONSA® (abiraterone acetate)
CABOMETYX® (cabozantinib)	FEMARA® (letrozole)*	LENVIMA® (lenvatinib)	ROZLYTREK® (entrectinib)	TARGETIN® (bexarotene)*	ZELBORAF® (vemurafenib)
					ZOLINZA™ (vorinostat)

Drug Name (write in one of the above): _____ *AVAILABLE IN GENERIC

Dose: _____ Frequency: _____ Quantity: _____ Refills: _____

Drug Name (write in one of the above): _____

Dose: _____ Frequency: _____ Quantity: _____ Refills: _____

Start of Therapy Date: _____ **Ship To:** Patient MD Office

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, including appeals and peer to peer reviews, 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, Suite 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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