



Skip this form & e-prescribe! Select BioPlus from your EHR

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

A Carelon Company

ORAL ONCOLOGY

PATIENT INFORMATION

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 #:

PRESCRIPTION INFORMATION (or attach a copy of prescription)

Table with 5 columns: MEDICATION, STRENGTH, DIRECTIONS, QTY, REFILLS. Rows include REVLIMID, THALOMID, POMALYST.

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:

Table with 5 columns: MEDICATION, STRENGTH, DIRECTIONS, QTY, REFILLS. Rows include XELODA, TEMODAR, Deferiprone, JADENU, EXJADE, ZYTIGA, with PREDNISON, Sorafenib.

- AFINITOR, AGRYLIN, ALECENSA, AUGTYRO, BESPONS, BOSULIF, BRAFTOVI, CABOMETYX, COMETRIQ, COTELLIC, CYTOXAN, DAURISMO, ERIVEDGE, ERLEADA, FASLODEX, FEMARA, FORTEO, GAVRETO, GLEEVEC, IBRANCE, INLYTA, KISQAL, LORBRENA, LENVIMA, MEKINIST, MEKTOV, MYLOTARG, NILANDRON, ODOMZO, ONUREG, PIQRAY, ROZLYTREK, RYDAPT, SPRYCEL, SUTENT, TABRECTA, TAFINLAR, TALZENNA, TARCEVA, TARGRETIN, TASIGNA, TYKERB, VIZIMPRO, VOTRIENT, XALKOR, XTANDI, YONSA, ZELBORAF, ZOLINZA

Drug Name (write in one of the above):
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

BSP240904

24321