



A Carelon Company

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

Fax: 800-269-5493

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

bioplusrx.com

ONCOLOGY INFUSION

PATIENT INFORMATION

Name, Address, Home Phone, Email, SSN, City, State, Zip, Height, Weight, Gender, Allergies

INSURANCE INFORMATION (or attach copy of cards)

Primary Insurance Co., Policy Holder, Relationship, Policy #, Group #

CLINICAL INFORMATION

Primary Diagnosis, 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

- ABRAXANE, ADRUCIL, ALIMTA, ARZERRA, DARZALEX, DARZALEX FASPRO, ELOXATIN, EMLICITI, ENHERTU, 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:

- RITUXAN, TRUXIMA, RUXIENCE, RIABNI, AVASTIN, MVASI, ZIRABEV, HERCEPTIN, KANJINTI, HERZUMA, OGIVRI, ONTRUZANT, TRAZIMERA

Directions: Drug Name, Dose, Frequency, Quantity, Refills, IV/SUBQ

Labs: Date, Serum Creatinine, eGFR/CrCL

Pre-Medication

Benadryl, Decadron, Pepcid, Other: Strength, SIG, IV/PO, QTY, Refills

Antiemetics

ALOXI, AKYNZEO, EMEND, ANZEMET, Kytril, ZOFRAN, COMPAZINE, Other: Strength, SIG, IV/PO, QTY, Refills

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

NEUPOGEN, GRANIX, ZARXIO, NIVESTYM, PROCRI, RETACRI, EPOGEN, NEULASTA, FULPHILA, UDENYCA, NYVEPRIA, ZIEXTENZO: Strength, SIG, IV/SUBQ, QTY, Refills

Start of Therapy Date:

Special Delivery Instructions:

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

Dispense as written

PHYSICIAN INFORMATION

Prescriber Name, Office Contact, Address, NPI #, Prescriber Signature, Phone, City, State, Zip, Fax, Email, Tax ID, 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.

BSP241002