BioPlus® Specialty Pharmacy
A Carelon Company

Blood Modifying Agents A-M

Fax: 800-269-5493 Phone: 888-292-0744 bioplusrx.com/therapy

Need By Date: _____ Ship To: ☐Patient ☐Office ☐Other _____ Fax Copy: ☐Rx Card Front/Back ☐Clinical Notes ☐Medical Card Front/Back

Patient Information

Patient Name	
Address	
City State Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	☐Female ☐Male

Prescriber Information

Prescriber Name		
Address		
City State Zip		
Phone	Fax	
Contact Person		
DEA #	NPI #	License #

Clinical Information

Primary Diagnosis	ICD-10	Secondary Diagnosis	ICD-10
Primary Diagnosis	ICD-10	Secondary Diagnosis	ICD-10
Drug Allergies		Status: ☐New ☐Restart ☐Continuing	

Please Attach Supporting Labs and List of OTHER Medications

Med	Dose/Strength	Directions	Qty	Refills
☐**Aranesp®**	**SDV:** ☐25mcg/1mL ☐40mcg/1mL ☐60mcg/1mL ☐100mcg/1mL ☐200mcg/1mL ☐300mcg/1mL		_____	_____
	PFS: ☐10mcg/0.4mL ☐25mcg/0.42mL ☐40mcg/0.4mL ☐60mcg/0.3mL ☐100mcg/0.5mL ☐150mcg/0.3mL ☐200mcg/0.4mL ☐300mcg/0.6mL ☐500mcg/1mL		_____	_____
☐**Doptelet®**	☐ **20mg Tablet** **Procedure Date** ***(for Chronic Liver Disease-associated thrombocytopenia)***: _____		_____	_____
☐**Elitek®**	**PWVL:**☐**1.5mg** ☐**7.5mg**		_____	_____
☐**Epogen®**	**SDV:** ☐**2,000 Units/1mL** ☐**3,000 Units/1mL** ☐**4,000 Units/1mL** ☐**10,000 Units/1mL**		_____	_____
	MDV: ☐**20,000 Units/2mL** ☐ **20,000 Units/1mL**		_____	_____
☐**Exjade®**	**Tablet for Oral Suspension:** ☐**125mg** ☐**250mg** ☐**500mg**		_____	_____
☐**Fulphila®**	**PFS: 6mg/0.6mL**		_____	_____
☐**Granix®**	**PFS:** ☐**300mcg/0.5mL** ☐**480mcg/0.8mL**		_____	_____
	SDV: ☐**300mcg/1mL** ☐**480mcg/1.6mL**		_____	_____
☐**Jadenu®**	**Tablet:** ☐**90mg** ☐**180mg** ☐**360mg**		_____	_____
	Granules: ☐**90mg** ☐**180mg** ☐**360mg**		_____	_____
☐**Leukine®**	☐**250mcg PWVL** ☐**500mcg/1mL SDV**		_____	_____
☐**Mozobil**	**SDV: 24mg/1.2mL**		_____	_____
☐**Other**				

_____ _____ _____ _____

Prescriber's Signature (no stamps) **Substitution Permitted** **Date** **Prescriber's Signature** (no stamps) **Dispense As Written** **Date**

BioPlus® Specialty Pharmacy
A Carelon Company

Blood Modifying Agents N-Z

Fax: 800-269-5493 Phone: 888-292-0744 bioplusrx.com

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Patient Information

Patient Name	
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City State Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	☐Male ☐Female

Prescriber Information

Prescriber Name		
Address		
City State Zip		
Phone	Fax	
Contact Person		
DEA #	NPI #	License #

Clinical Information

Primary Diagnosis	ICD-10	Secondary Diagnosis	ICD-10
Primary Diagnosis	ICD-10	Secondary Diagnosis	ICD-10
Drug Allergies		Status: ☐New ☐Restart ☐Continuing	

Please Attach Supporting Labs and List of OTHER Medications

Med	Dose/Strength	Directions	Qty	Refills
☐Neulasta®	☐6mg/0.6mL PFS ☐Onpro Kit		_____	_____
☐Neupogen®	SDV: ☐300mcg/1mL ☐480mcg/1.6mL		_____	_____
	PFS: ☐300mcg/0.5mL ☐480mcg/0.8mL		_____	_____
☐Nivestym®	SDV: ☐300mcg/1mL ☐480mcg/1.6mL		_____	_____
	PFS: ☐300mcg/0.5mL ☐480mcg/0.8mL		_____	_____
☐Nplate®	PWVL: ☐125mcg ☐250mcg ☐500mcg		_____	_____
☐Nyvepria™	PFS: 6mg/0.6mL		_____	_____
☐Procrit®®	SDV: ☐2,000 Units/1mL ☐3,000 Units/1mL ☐4,000 Units/1mL ☐10,000 Units/1mL ☐40,000 Units/1mL		_____	_____
	MDV: ☐20,000 Units/2mL ☐20,000 Units/1mL		_____	_____
☐Promacta®	Tablet: ☐12.5mg ☐25mg ☐50mg ☐75mg		_____	_____
	Powder for Oral Suspension: ☐12.5mg ☐25mg		_____	_____
☐Retacrit®	SDV: ☐2,000 Units/1mL ☐3,000 Units/1mL ☐4,000 Units/1mL ☐10,000 Units/1mL ☐40,000 Units/1mL		_____	_____
☐Udenyca®	PFS: 6mg/0.6mL		_____	_____
☐Zarxio®	PFS: ☐300mcg/0.5mL ☐480mcg/0.8mL		_____	_____
☐Ziextenzo®	PFS: 6mg/0.6mL		_____	_____
☐Other				

Prescriber's Signature (no stamps) **Substitution Permitted** **Date** **Prescriber's Signature** (no stamps) **Dispense As Written** **Date**