BioPlus® Specialty Pharmacy

A Carelon Company

Celegene REMS

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

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

Please Attach Supporting Labs and Provide Medication List

Prescription Information

Indicate Type From PPAF (check one): ☐ Adult Female - Reproductive Potential (FRP) ☐ Adult Female - NOT of Reproductive Potential (FNRP) ☐ Adult Male ☐ Female Child - Reproductive Potential (FRP) ☐ Female Child - NOT of Reproductive Potential (FNRP) ☐ Male Child

Authorization # (to be filled in by healthcare provider; authorization # is only valid for 30 days; 7 days for FRP)	Date
Confirmation # (to be filled in by pharmacy)	Date

Med	Dose/Strength	Directions	Qty	Refills
☐ Pomalyst®	☐ 1 mg ☐ 2 mg ☐ 3 mg ☐ 4 mg	☐ Take 1 cap PO daily, days 1-21 of 28 day cycle ☐ _____	21 _____	No Refills No Refills
☐ Revlimid®	☐ 2.5 mg ☐ 5 mg ☐ 10 mg ☐ 15 mg ☐ 20 mg ☐ 25 mg	☐ Take 1 cap PO daily ☐ Take 1 cap PO daily, days 1-21 of 28 day cycle ☐ _____	28 21 _____	No Refills No Refills No Refills
☐ Thalomid® Supplied in blister packs of 28 caps	☐ 50 mg ☐ 100 mg ☐ 150 mg ☐ 200 mg	☐ Take 1 cap PO daily ☐ _____	28 _____	No Refills No Refills
Supportive Therapies				
☐ Dexamethasone	☐ 2 mg ☐ 4 mg	☐ Take _____ mg PO once weekly on days 1, 8, 15 and 22 of a 28 day cycle ☐ _____	28 Day Supply _____	_____ _____
☐ Hemady®	20 mg	☐ Take _____ mg PO once weekly on days 1, 8, 15 and 22 of a 28 day cycle ☐ _____	28 Day Supply _____	_____ _____
☐ Other				

_____ _____ _____ _____

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