BREAST CANCER ORAL

SPECIALTY PHARMACY

Lake Mary, FL toll free 888.506.2962 toll free fax 888.315.3270
krogerspecialtypharmacy.com

DATE: _____ NEEDS BY DATE: _____ SHIP TO: ❑ PATIENT ❑ OFFICE ❑ OTHER _____

PATIENT INFO

Patient Name

Address

City, State, Zip

Main Phone Alternate Phone

Social Security #

Date of Birth ❑ Male ❑ Female

PRESCRIBER INFO

Prescriber Name

DEA # NPI # License #

Address

City, State, Zip

Phone Fax

Contact Person

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES & LABS ❑ MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: ❑ Breast Cancer ❑ Other: _____ Diagnosis Code: _____ Secondary Diagnosis: _____ Diagnosis Code: _____

Weight: _____ ❑ kg ❑ lb Height: _____ ❑ cm ❑ in BSA: _____ m^2 Metastatic Disease: ❑ Yes ❑ No HER2: ❑ Positive ❑ Negative

Hormone Receptor: ❑ ER Positive ❑ ER Negative ❑ PR Positive ❑ PR Negative Treatment Status: ❑ New to Therapy ❑ Continuation of Therapy, Start Date: ___ / ___ / ___

Prior Therapy: _____ Length of Treatment: _____ Discontinuation Reason: _____

Allergies: ❑ NKDA ❑ Other: _____

PRESCRIPTION INFORMATION			QUANTITY	REFILLS
❑ Afinitor®	❑ 2.5mg tablet ❑ 5mg tablet ❑ 7.5mg tablet ❑ 10mg tablet	Take 1 tablet by mouth once daily.	28 tablets	_____
❑ Cyclophosphamide	❑ 25mg capsule ❑ 50mg capsule		_____	_____
❑ Ibrance® *Prescribe aromatase inhibitor or fulvestrant below, as needed.	❑ 75mg capsule ❑ 100mg capsule ❑ 125mg capsule	Take 1 capsule by mouth daily for 21 days, followed by 7 days off; repeat every 28 days.	21 capsules	_____
❑ Kisqali® *Prescribe aromatase inhibitor or fulvestrant below, as needed.	❑ 200mg dose pack ❑ 400mg dose pack ❑ 600mg dose pack ❑ Kisqali and Femara 2.5mg dose pack	Take 1 tablet by mouth daily for 21 days on then 7 days off, as directed on package. Take 2 tablets by mouth daily for 21 days on then 7 days off, as directed on package. Take 3 tablets by mouth daily for 21 days on then 7 days off, as directed on package. Take Kisqali _____ mg by mouth daily for 21 days, then take 7 days off, and take 1 Femara tablet by mouth daily for 28 days as directed on package.	1 pack	_____
❑ Talzenna™	❑ 0.25mg capsule ❑ 1mg capsule	Take 1 capsule by mouth daily.	30 capsules	_____
❑ Tykerb®	250mg tablet	Take _____ mg by mouth daily.	30-day supply	_____
❑ Xeloda®	❑ 150mg tablet ❑ 500mg tablet	❑ Take _____ mg by mouth every 12 hours for 14 days on, then 7 days off. ❑ Conjunction with radiation: Take _____ mg by mouth every 12 hours with radiation for _____ days a week. For a total of _____ weeks. ❑ Other: _____	21-day cycle _____ _____	_____
Supportive therapies ❑ Arimidex® ❑ Aromasin® ❑ Femara® ❑ Faslodex®	 1mg tablet 25mg tablet 2.5mg tablet 250mg/5ml syringe	 Take 1 tablet by mouth daily. Take 1 tablet by mouth daily. Take 1 tablet by mouth daily. ❑ Loading Dose: Inject 500mg (2 syringes) intramuscularly on days 1, 15, and 29, and once monthly thereafter. ❑ Maintenance Dose: Inject 500mg (2 syringes) intramuscularly every 28 days.	 28 tablets 28 tablets 28 tablets 6 syringes 2 syringes	_____
❑ Other:	_____	_____	_____	_____

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (stamps not allowed) ❑ Substitution Allowed Date

Prescriber's Signature (stamps not allowed) ❑ Dispense As Written Date