Oral and Injectable Oncology A-G

Kroger specialty pharmacy

Irvine, CA **toll free** 855.313.9202 **toll free fax** 844.888.4157 **krogerspecialtypharmacy.com**

Date: _____ 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	☐ 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
Drug Allergies		☐ Confirmed BRAF V600 E Mutation for Tafinlar® or Mekinist® ☐ Confirmed BRAF V600 K Mutation for Mekinist®	
Renal Dysfunction: ☐ No ☐ Yes	Liver Dysfunction: ☐ No ☐ Yes	☐ ALK Positive Testing for Xalkori	☐ Previously on Zelboraf
Weight ☐ kg ☐ lbs	Height ☐ ft ☐ in	BSA	
Metastatic Disease: ☐ No ☐ Yes	HER2: ☐ Positive ☐ Negative	ER: ☐ Positive ☐ Negative	
Serum Creatinine/Date	HgB/Date	HCT/Date	

To expedite prior authorization services, please attach chemo regimen/schedule, last clinical notes and/or lab values/scans. ***Ninlaro, Pomalyst, Revlimid, Thalomid Please Use Celgene Form.***

Med	Dose/Strength	SIG (Please Include Cycle)	Qty	Refills
☐ Afinitor®				
☐ Afinitor Disperz®				
☐ Alkeran®				
☐ Arimidex®				
☐ Aromasin®				
☐ Bortezomib				
☐ Bosulif®				
☐ Darzalex Faspro™				
☐ Daurismo™				
☐ Erivedge®				
☐ Erleada®				
☐ Farydak				
☐ Femara®				
☐ Gleevec®				
☐ 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.
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Prescriber's Signature (no stamps) Substitution Permitted _____ Date _____

Prescriber's Signature (no stamps) Dispense As Written _____ Date _____

Oral and Injectable Oncology H-O

Kroger specialty pharmacy

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Patient Information

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Address	
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

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Weight ☐ kg ☐ lbs	Height ☐ ft ☐ in	BSA	
Metastatic Disease: ☐ No ☐ Yes	HER2: ☐ Positive ☐ Negative	ER: ☐ Positive ☐ Negative	
Serum Creatinine/Date	HgB/Date	HCT/Date	

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Med	Dose/Strength	SIG (Please Include Cycle)	Qty	Refills
☐ Herceptin Hylecta™				
☐ Hycamtin®				
☐ Ibrance®				
☐ Inlyta®				
☐ Intron A®				
☐ Kisqali®				
☐ Lorbrena®				
☐ Mekinist®				
☐ Odomzo®				
☐ Oncaspar®				
☐ Onureg®				
☐ Other				

_____ _____ _____ _____

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

Oral and Injectable Oncology P-Z

Kroger specialty pharmacy

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Patient Information

Patient Name	
Address	
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
Drug Allergies		☐ Confirmed BRAF V600 E Mutation for Tafinlar® or Mekinist® ☐ Confirmed BRAF V600 K Mutation for Mekinist®	
Renal Dysfunction: ☐ No ☐ Yes	Liver Dysfunction: ☐ No ☐ Yes	☐ ALK Positive Testing for Xalkori	☐ Previously on Zelboraf
Weight ☐ kg ☐ lbs	Height ☐ ft ☐ in	BSA	
Metastatic Disease: ☐ No ☐ Yes	HER2: ☐ Positive ☐ Negative	ER: ☐ Positive ☐ Negative	
Serum Creatinine/Date	HgB/Date	HCT/Date	

To expedite prior authorization services, please attach chemo regimen/schedule, last clinical notes and/or lab values/scans. ***Ninlaro, Pomalyst, Revlimid, Thalomid Please Use Celgene Form.***

Med	Dose/Strength	SIG (Please Include Cycle)	Qty	Refills
☐ Phesgo®				
☐ Piqray®				
☐ Purixan®				
☐ Rituxan Hycela®				
☐ Rydapt®				
☐ Somatuline® Depot				
☐ Sprycel®				
☐ Sutent®				
☐ Sylatron™				
☐ Tabrecta™				
☐ Tafinlar®				
☐ Talzenna®				
☐ Temodar®				
☐ Tarceva®				
☐ Targretin®				
☐ Tasigna®				
☐ Tykerb®				
☐ Vidaza®				
☐ Vizimpro®				
☐ Votrient®				
☐ Xalkori®				
☐ Xeloda®				
☐ Xtandi®				
☐ Yonsa®				
☐ Zolinza®				
☐ Zykadia®				
☐ Zytiga®				
☐ Other				

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