



# Oral and Injectable Oncology A-G

Lake Mary, FL toll free

toll free fax

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		Prescriber Information		
Patient Name		Prescriber Name		
Address		Address		
City State Zip		City State Zip		
Main Phone	Alternate Phone	Phone	Fax	
Social Security #		Contact Person		
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	DEA #	NPI #	License #

Clinical Information			
Primary Diagnosis	ICD-10	Secondary Diagnosis	ICD-10
Drug Allergies		<input type="checkbox"/> Confirmed BRAF V600 E Mutation for Tafenlar* or Mekinist* <input type="checkbox"/> Confirmed BRAF V600 K Mutation for Mekinist*	
Renal Dysfunction: <input type="checkbox"/> No <input type="checkbox"/> Yes	Liver Dysfunction: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> ALK Positive Testing for Xalkori	<input type="checkbox"/> Previously on Zelboraf
Weight <input type="checkbox"/> kg <input type="checkbox"/> lbs	Height <input type="checkbox"/> ft <input type="checkbox"/> in	BSA	
Metastatic Disease: <input type="checkbox"/> No <input type="checkbox"/> Yes	HER2: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	ER: <input type="checkbox"/> Positive <input type="checkbox"/> 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
<input type="checkbox"/> Afinitor*				
<input type="checkbox"/> Afinitor Disperz*				
<input type="checkbox"/> Alkeran*				
<input type="checkbox"/> Arimidex*				
<input type="checkbox"/> Aromasin*				
<input type="checkbox"/> Bortezomib				
<input type="checkbox"/> Bosulif*				
<input type="checkbox"/> Darzalex Faspro™				
<input type="checkbox"/> Daurismo™				
<input type="checkbox"/> Erivedge*				
<input type="checkbox"/> Erleada*				
<input type="checkbox"/> Farydak				
<input type="checkbox"/> Femara*				
<input type="checkbox"/> Gleevec*				
<input type="checkbox"/> Other				

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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

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Patient Information		Prescriber Information		
Patient Name		Prescriber Name		
Address		Address		
City State Zip		City State Zip		
Main Phone	Alternate Phone	Phone	Fax	
Social Security #		Contact Person		
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	DEA #	NPI #	License #

Clinical Information			
Primary Diagnosis	ICD-10	Secondary Diagnosis	ICD-10
Drug Allergies		<input type="checkbox"/> Confirmed BRAF V600 E Mutation for Tafenlar* or Mekinist* <input type="checkbox"/> Confirmed BRAF V600 K Mutation for Mekinist*	
Renal Dysfunction: <input type="checkbox"/> No <input type="checkbox"/> Yes	Liver Dysfunction: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> ALK Positive Testing for Xalkori	<input type="checkbox"/> Previously on Zelboraf
Weight <input type="checkbox"/> kg <input type="checkbox"/> lbs	Height <input type="checkbox"/> ft <input type="checkbox"/> in	BSA	
Metastatic Disease: <input type="checkbox"/> No <input type="checkbox"/> Yes	HER2: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	ER: <input type="checkbox"/> Positive <input type="checkbox"/> 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
<input type="checkbox"/> Herceptin Hylecta™				
<input type="checkbox"/> Hycamtin*				
<input type="checkbox"/> Ibrance*				
<input type="checkbox"/> Inlyta*				
<input type="checkbox"/> Intron A*				
<input type="checkbox"/> Kisqali*				
<input type="checkbox"/> Lorbrena*				
<input type="checkbox"/> Mekinist*				
<input type="checkbox"/> Odomzo*				
<input type="checkbox"/> Oncaspar*				
<input type="checkbox"/> Onureg*				
<input type="checkbox"/> Other				

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# Oral and Injectable Oncology P-Z

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Patient Information		Prescriber Information	
Patient Name		Prescriber Name	
Address		Address	
City State Zip		City State Zip	
Main Phone	Alternate Phone	Phone	Fax
Social Security #		Contact Person	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	DEA #	NPI # License #

Clinical Information			
Primary Diagnosis	ICD-10	Secondary Diagnosis	ICD-10
Drug Allergies		<input type="checkbox"/> Confirmed BRAF V600 E Mutation for Tafenlar* or Mekinist* <input type="checkbox"/> Confirmed BRAF V600 K Mutation for Mekinist*	
Renal Dysfunction: <input type="checkbox"/> No <input type="checkbox"/> Yes	Liver Dysfunction: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> ALK Positive Testing for Xalkori	<input type="checkbox"/> Previously on Zelboraf
Weight <input type="checkbox"/> kg <input type="checkbox"/> lbs	Height <input type="checkbox"/> ft <input type="checkbox"/> in	BSA	
Metastatic Disease: <input type="checkbox"/> No <input type="checkbox"/> Yes	HER2: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	ER: <input type="checkbox"/> Positive <input type="checkbox"/> 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
<input type="checkbox"/> Phesgo*				
<input type="checkbox"/> Piqray*				
<input type="checkbox"/> Purixan*				
<input type="checkbox"/> Rituxan Hycela*				
<input type="checkbox"/> Rydapt*				
<input type="checkbox"/> Somatuline* Depot				
<input type="checkbox"/> Sprycel*				
<input type="checkbox"/> Sutent*				
<input type="checkbox"/> Sylatron™				
<input type="checkbox"/> Tabrecta™				
<input type="checkbox"/> Tafenlar*				
<input type="checkbox"/> Talzenna*				
<input type="checkbox"/> Temodar*				
<input type="checkbox"/> Tarceva*				
<input type="checkbox"/> Targretin*				
<input type="checkbox"/> Tassigna*				
<input type="checkbox"/> Tykerb*				
<input type="checkbox"/> Vidaza*				
<input type="checkbox"/> Vizimpro*				
<input type="checkbox"/> Votrient*				
<input type="checkbox"/> Xalkori*				
<input type="checkbox"/> Xeloda*				
<input type="checkbox"/> Xtandi*				
<input type="checkbox"/> Yonsa*				
<input type="checkbox"/> Zolinza*				
<input type="checkbox"/> Zykadia*				
<input type="checkbox"/> Zytiga*				
<input type="checkbox"/> Other				

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