



DOTTIE'S PHARMACY

specialty & compounding

Oncology Medications

Enrollment Form

325 Folly Road Suite 101
Charleston, SC 29412
PH: (843) 501-9500
FAX: (843) 414-7453

Date: _____ Needs by date: _____

Patient Information:

Patient Name: _____

Address: _____

City, State, Zip: _____

Main Phone: _____

Alternate Phone: _____

Last 4 of SSN: _____ Height _____ in cm Weight _____ lbs kg

Date of Birth: _____ Male Female

Ship to: Patient _____ Office: _____ Other: _____

Prescriber Information:

Prescriber Name: _____

DEA: _____ NPI: _____

Group: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

INSURANCE INFORMATION: PLEASE FAX A COPY OF PRESCRIPTION CARD AND MEDICAL CARD (FRONT AND BACK)

Clinical Information: Please attach clinical notes/labs for the prior authorization process

ICD -10 _____ Diagnosis _____ BSA _____ m² Date Obtained _____ Allergies _____ NKDA

Therapy: New Reauthorization Restart Previous Therapies _____

Medications _____

Renal Dysfunction: Yes No Current SCr _____ or Current GFR _____ ml/min

Liver Dysfunction: Yes No

Confirmed Mutations:

EGFR ALK BRAF V600E

BRAF V600K CLL With 17p Deletion

Other _____

Prescription Information:

Medications:

Pomalyst® (pomalidomide) Physician Auth # _____

Reviimid® (lenalidomide) Physician Auth # _____

Thalomid® (thalidomide) Physician Auth # _____

Diagnosis:

MMC90.0 MDS D46.9 MCL C83.10

Date: _____

Please Mark One: Adult Female - Reproductive Potential Adult Female - Not of Reproductive Potential Adult Male

Female Child - Reproductive Potential Female Child - Not of Reproductive Potential Male Child

- | | | | | |
|---|---|---|--|---|
| <input type="radio"/> Afinitor® (everolimus) | <input type="radio"/> Gleevec® (imatinib mesylate) | <input type="radio"/> Mekinist® (trametinib) | <input type="radio"/> Tagrisso™ (osimertinib) | <input type="radio"/> Yescarta™ (axicabtagene ciloleucel) |
| <input type="radio"/> Afinitor® Disperz™ (everolimus) | <input type="radio"/> Gleostine® (lomustine) | <input type="radio"/> Nerlynx™ (neratinib) | <input type="radio"/> Tarceva® (erlotinib) | <input type="radio"/> Zelboraf® (vemurafenib) |
| <input type="radio"/> Alecensa® (alectinib) | <input type="radio"/> Herceptin® (trastuzumab) | <input type="radio"/> Nexavar® (sorafenib) | <input type="radio"/> Targretin® (bexarotene) | <input type="radio"/> Zejula™ (niraparib) |
| <input type="radio"/> Alioqopa™ (copanlisib) | <input type="radio"/> Hycamtin® (topotecan) | <input type="radio"/> Ninlaro® (ixazomib) | <input type="radio"/> Tassigna® (nilotinib) | <input type="radio"/> Zolanza® (vorinostat) |
| <input type="radio"/> Alunbrig™ (brigatinib) | <input type="radio"/> Ibrance® (palbociclib) | <input type="radio"/> Odomzo® (sonidegib) | <input type="radio"/> Temodar® (temozolomide) | <input type="radio"/> Zykadia™ (ceritinib) |
| <input type="radio"/> Avastin® (bevacizumab) | <input type="radio"/> Idhifa® (enasidenib) | <input type="radio"/> Purixan® (mercaptapurine) | <input type="radio"/> Tykerb® (lapatinib) | <input type="radio"/> Zydelig® (idelalisib) |
| <input type="radio"/> Bavencio® (avelumab) | <input type="radio"/> Imbruvica® (ibrutinib) | <input type="radio"/> Rydapt® (midostaurin) | <input type="radio"/> Verzenio™ (abemaciclib) | <input type="radio"/> Zytiga® (abiraterone acetate) |
| <input type="radio"/> Besponsa™ (inotuzumab ozogamicin) | <input type="radio"/> Imfinzi™ (durvalumab) | <input type="radio"/> Rubraca™ (rucaparib) | <input type="radio"/> Vyxeos™ (daunorubicin/ cytarabine) | <input type="radio"/> Other: _____ |
| <input type="radio"/> Bosulif® (bosutinib) | <input type="radio"/> Inlyta® (axitinib) | <input type="radio"/> Soltamox® (tamoxifen) | <input type="radio"/> Votrient® (pazopanib) | Biosimilars |
| <input type="radio"/> Cabometyx™ (cabozantinib) | <input type="radio"/> Iressa® (gefitinib) | <input type="radio"/> Sprycel® (dasatinib) | <input type="radio"/> Xalkori® (crizotinib) | <input type="radio"/> Mvasi™ (Bevacizumab-awwb) |
| <input type="radio"/> Cotelllic™ (cobimetinib) | <input type="radio"/> Jakafi® (ruxolitinib) | <input type="radio"/> Stivarga® (regorafenib) | <input type="radio"/> Xeloda® (capecitabine) | <input type="radio"/> Ogivri (trastuzumab-dkst) |
| <input type="radio"/> Calquence® (acalabrutinib) | <input type="radio"/> Kisqali® (ribociclib) | <input type="radio"/> Sutent® (sunitinib malate) | <input type="radio"/> Xermelo™ (telotristat) | <input type="radio"/> Non-Specialty |
| <input type="radio"/> Erivedge® (vismodegib) | <input type="radio"/> Kymriah™ (tisagenlecleucel) | <input type="radio"/> Sylatron® (peginterferon alfa-2b) | <input type="radio"/> Xgeva® (denosumab) | <input type="radio"/> Arimidex (Anastrozole) |
| <input type="radio"/> Farydak® (panobinostat) | <input type="radio"/> Lonsurf® (trifluridine & tipiracil) | <input type="radio"/> Tafinlar® (dabrafenib) | <input type="radio"/> Xtandi® (enzalutamide) | <input type="radio"/> Nolvadex (Tamoxifen) |

Prescription:

Medication Name/Strength: _____

Directions: _____

Refills: _____

Medication Name/Strength: _____

Directions: _____

Refills: _____

Supportive Medications:

- | | | |
|--|---|---|
| <input type="radio"/> Aranesp® (darbepoetin alfa) | <input type="radio"/> Lovenox® (enoxaparin) | <input type="radio"/> Levaquin® (Levofloxacin) <input type="radio"/> 250 mg <input type="radio"/> 500mg <input type="radio"/> 750mg |
| <input type="radio"/> Arixtra® (fondaparinux) | <input type="radio"/> Neulasta® (pegfilgrastim) | Directions: Take 1 tablet PO ONCE daily for 7 days |
| <input type="radio"/> Clindagel® (Clindamycin gel) | <input type="radio"/> Neupogen® (Filgrastim) | <input type="radio"/> Zofran® (ondansetron) <input type="radio"/> 4 mg <input type="radio"/> 8 mg |
| <input type="radio"/> Decadron® (dexamethasone) | <input type="radio"/> Phenergan® (promethazine) | Directions: Take 1 tablet PO every 8 hrs Refills: _____ |
| <input type="radio"/> Eliquis® (apixaban) | <input type="radio"/> Promacta® (eltrombopag) | Supportive Medication Prescription: |
| <input type="radio"/> Emend® (aprepitant) | <input type="radio"/> Reglan® (metoclopramide) | Medication Name/Strength: _____ |
| <input type="radio"/> EMLA® cream (lidocaine/prilocaine) | <input type="radio"/> Sancuso® (granisetron) | Directions: _____ Refills: _____ |
| <input type="radio"/> Granix® (tbo-filgrastim) | <input type="radio"/> Xarelto® (rivaroxaban) | |
| <input type="radio"/> Imodium® (loperamide) | <input type="radio"/> Other: _____ | |

By signing this form and utilizing our services, you are authorizing Dottie's Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies. **Important Notice:** This form is intended to be delivered only to the named addressee. Confidential information may be protected health information under federal and state laws. If you receive this communication in error do not review, disclose, disseminate distribute or copy. Please notify the sender immediately and destroy all copies and any attachments.

Prescriber Signature: _____
Dispense as Written

Product Substitution Permitted _____
Date: _____