Onco360 ONCOLOGY PHARMACY

Faxed prescriptions can only be accepted from a prescribing practitioner.
e-prescribe to: Onco360 Oncology Pharmacy Louisville, KY **NPI# 1437577988**

Pharmacy 877.662.6633
Fax 877.662.6355

Oral Rx Oncology Order Form

Patient Information (REQUIRED)

Date: _____

Patient Name: _____ Date of Birth: _____ Sex: ☐ M ☐ F Last 4 Digits of SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ Email: _____

Patient Weight: _____ lbs. Patient Height: _____ Allergies: _____

Pharmacy Benefit Manager (REQUIRED) Please provide copies of both sides of the patient's card(s)

PBM Name: _____ Rx BIN# _____ PCN#: _____

Rx Group#: _____ Member ID#: _____

Medical/Health Insurance Info. (REQUIRED) Please provide copies of both sides of the patient's card(s)

Primary: _____ Policy Holder: _____ Policy # _____ Ph: _____

Address: _____ City: _____ State: _____ Zip: _____

Secondary: _____ Policy Holder: _____ Policy # _____ Ph: _____

Address: _____ City: _____ State: _____ Zip: _____

RX PRESCRIPTION

Oral Medication				SIG: Directions	Quantity	Refills
☐ Abiraterone Acetate	☐ Imatinib Mesylate	☐ Tafinlar® (dabrafenib)	☐ Zydelig® (idelalisib)			
☐ Afinitor® (everolimus)	☐ Imbruvica® (ibrutinib)	☐ Talzenna® (talazoparib)	☐ Zykadia™ (ceritinib)			
☐ Akynzeo® (netupitant & palonosetron)	☐ Inlyta® (axitinib)	☐ Tarceva® (erlotinib)	☐ Zytiga® (abiraterone acetate)			
☐ Alecensa® (alectinib)	☐ Kisqali® (ribociclib)	☐ Targretin® (bexarotene)	☐ Other			
☐ Aromasin® (exemestane)	☐ Lonsurf® (trifluridine and tipiracil)	☐ Tasigna® (nilotinib)				
☐ Bexarotene	☐ Lorbrena® (lorlatinib)	☐ Temodar® (temozolomide)				
☐ Bosulif® (bosutinib)	☐ Mekinist® (trametinib)	☐ Temozolomide				
☐ Braftovi™ (encorafenib) + Mektovi® (binimetinib)	☐ Nerlynx® (neratinib)	☐ Thalomid® (thalidomide)				
☐ Calquence® (acalabrutinib)	☐ Nexavar® (sorafenib)	☐ Tykerb® (lapatinib)				
☐ Capecitabine	☐ Ninlaro® (ixazomib)	☐ Venclexta™ (venetoclax)				
☐ Cotellic® (cobimetinib)	☐ Odomzo® (sonidegib)	☐ Verzenio™ (abemaciclib)				
☐ Daurismo™ (glasdegib)	☐ Pomalyst® (pomalidomide)	☐ Vizimpo® (dacomitinib)				
☐ Erivedge® (vismodegib)	☐ Promacta® (eltrombopag)	☐ Votrient® (pazopanib)				
☐ Erleada™ (apalutamide)	☐ Revlimid® (lenalidomide)	☐ Xalkori® (crizotinib)				
☐ Farydak® (panobinostat)	☐ Rydapt® (midostaurin)	☐ Xeloda® (capecitabine)				
☐ Gleevec® (imatinib mesylate)	☐ Sprycel® (dasatinib)	☐ Xospata® (gilteritinib)				
☐ Hycamtin® (topotecan)	☐ Stivarga® (regorafenib)	☐ Zelboraf® (vemurafenib)				
☐ Ibrance® (palbociclib)	☐ Sutent® (sunitinib malate)	☐ Zolinza® (vorinostat)				

DX INFO.

Diagnosis Information (For PA & Funding Support) Please include a complete list of medications and prior therapies with this order

Primary Dx: _____ Dx Date (needed for funding): _____ ICD-10: _____

Secondary Dx: _____ Dx Date (needed for funding): _____ ICD-10: _____

REQUIRED PHYSICIAN INFO.

Physician Information

Prescriber name: _____ Contact: _____

Email: _____ Street: _____ City: _____

State: _____ Zip: _____ Ph: _____ Fax: _____ NPI #: _____

Tax ID # (needed for funding): _____ Prescriber Signature (required by law): _____

Prescription will be filled with generic unless prescriber writes "DAW" (dispense as written) in the box ☐

SHIPPING INFO

Shipping Instructions

Ship to: ☐ Physician's Office ☐ Patient's Home ☐ Other _____ Date Required: _____

State law for MO/NY/OH/VA/VT allows only 1 medication per order form. Please use a new form for additional medications.

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