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 | | | | | Quantity |
|---|---|---|---|---|---|
| ☐ Abiraterone Acetate | ☐ Everolimus | ☐ Nubeqa® (darolutamide) | ☐ Temozolomide | ☐ Other _____ | |
| ☐ Afinitor® (everolimus) | ☐ Farydak® (panobinostat) | ☐ Odomzo® (sonidegib) | ☐ Thalomid® (thalidomide) | | |
| ☐ Akynzeo® (netupitant & palonosetron) | ☐ Gleevec® (imatinib mesylate) | ☐ Piqray® (alpelisib) | ☐ Tykerb® (lapatinib) | | |
| ☐ Alecensa® (alectinib) | ☐ Hycamtin® (topotecan) | ☐ Pomalyst® (pomalidomide) | ☐ Venclexta® (venetoclax) | | # _____ |
| ☐ Aromasin® (exemestane) | ☐ Ibrance® (palbociclib) | ☐ Promacta® (eltrombopag) | ☐ Verzenio® (abemaciclib) | | ☐ Tablets |
| ☐ Bexarotene | ☐ Imatinib Mesylate | ☐ Revlimid® (lenalidomide) | ☐ Vizimpo® (dacomitinib) | | ☐ Capsules |
| ☐ Bosulif® (bosutinib) | ☐ Imbruvica® (ibrutinib) | ☐ Rozlytrek™ (entrectinib) | ☐ Votrient® (pazopanib) | | |
| ☐ Braftovi™ (encorafenib) | ☐ Inlyta® (axitinib) | ☐ Rydapt® (midostaurin) | ☐ Xalkori® (crizotinib) | | |
| ☐ Brukinsa™ (zanubrutinib) | ☐ Inrebic® (fedratinib) | ☐ Sprycel® (dasatinib) | ☐ Xeloda® (capecitabine) | **SIG: Directions** | **Refills** |
| ☐ Calquence® (acalabrutinib) | ☐ Kisqali® (ribociclib) | ☐ Stivarga® (regorafenib) | ☐ Xospata® (gilteritinib) | | |
| ☐ Capecitabine | ☐ Lenvima® (lenvatinib) | ☐ Sutent® (sunitinib malate) | ☐ Xpovio™ (selinexor) | | |
| ☐ Copiktra® (duvelisib) | ☐ Lonsurf® (trifluridine and tipiracil) | ☐ Tafinlar® (dabrafenib) | ☐ Xtandi® (enzalutamide) | | |
| ☐ Cotellic® (cobimetinib) | ☐ Lorbrena® (lorlatinib) | ☐ Talzenna® (talazoparib) | ☐ Zelboraf® (vemurafenib) | | |
| ☐ Daurismo™ (glasdegib) | ☐ Mekinist® (trametinib) | ☐ Tarceva® (erlotinib) | ☐ Zolinza® (vorinostat) | | |
| ☐ Deferasirox | ☐ Mektovi® (binimetinib) | ☐ Targretin® (bexarotene) | ☐ Zydelig® (idelalisib) | | |
| ☐ Erivedge® (vismodegib) | ☐ Nerlynx® (neratinib) | ☐ Tasigna® (nilotinib) | ☐ Zykadia™ (ceritinib) | | |
| ☐ Erleada™ (apalutamide) | ☐ Nexavar® (sorafenib) | ☐ Tazverik® (tazemetostat) | ☐ Zytiga® (abiraterone acetate) | | |
| ☐ Erlotinib | ☐ Ninlaro® (ixazomib) | ☐ Temodar® (temozolomide) | | | |

## 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): _____ Date: _____

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.*

ON-802 3.20