

Oncology Injectable and Infused Medication Enrollment Form



Fax Referral To: 1-877-232-5455

Address: 500 Ala Moana Blvd., Ste 1-A Honolulu, HI 96813

Phone: 1-800-896-1464

Six Simple Steps to Submitting a Referral

1 PATIENT INFORMATION *(Complete or include demographic sheet)*

Patient Name: _____ DOB: _____

Address: _____ City, State, ZIP Code: _____

Gender: Male Female

Preferred Contact Methods: Phone (to primary # provided below) Text (to cell # provided below) Email (to email provided below)

Note: Carrier charges may apply. If unable to contact via text or email, Specialty Pharmacy will attempt to contact by phone.

Primary Phone: _____ Alternate Phone: _____

If **Minor**, Parent/Caregiver/Guardian Name (Last, First): _____

Relationship to minor: _____

Email: _____ Last Four of SSN: _____ Primary Language: _____

2 PRESCRIBER INFORMATION

Prescriber's Name: _____ State License #: _____

NPI #: _____ DEA #: _____ Group or Hospital: _____

Address: _____ City, State, ZIP Code: _____

Phone: _____ Fax: _____ Contact Person: _____ Contact's Phone: _____

3 INSURANCE INFORMATION Please fax copy of prescription and insurance cards with this form, if available (front and back)

4 DIAGNOSIS AND CLINICAL INFORMATION

Needs by Date: _____ Ship to: Patient Office Other: _____

Diagnosis (ICD-10):

Code: _____ Description: _____ Code: _____ Description: _____

Patient Clinical Information:

Allergies: _____ Weight: _____ lb/kg Height: _____ in/cm BSA: _____ m²

Oncology Injectable and Infused Medication Enrollment Form

Please complete Patient and Prescriber Information

Patient Name: _____ Patient DOB: _____
 Prescriber Name: _____ Prescriber Phone: _____

5 PRESCRIPTION INFORMATION

Medications:

- | | | |
|--|---|---|
| <input type="checkbox"/> Abraxane (nab-paclitaxel) | <input type="checkbox"/> Gazyva (obinutuzumab) | <input type="checkbox"/> Rituxan Hycela (rituximab and hyaluronidase human) injection |
| <input type="checkbox"/> Adcetris (brentuximab vedotin) | <input type="checkbox"/> Gemcitabine HCL | <input type="checkbox"/> Ruxience (rituximab-pvvr) |
| <input type="checkbox"/> Alimta (pemetrexed) | <input type="checkbox"/> Herceptin (trastuzumab) | <input type="checkbox"/> Rybrevant |
| <input type="checkbox"/> Arranon (nelarabine) | <input type="checkbox"/> Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) | <input type="checkbox"/> Sarclisa (isatuximab-irfc) |
| <input type="checkbox"/> Arzerra (ofatumumab) | <input type="checkbox"/> Ifosfamide | <input type="checkbox"/> Sylvant (siltuximab) |
| <input type="checkbox"/> Avastin (bevacizumab) | <input type="checkbox"/> Imfinzi (durvalumab) | <input type="checkbox"/> Tecentriq (atezolizumab) |
| <input type="checkbox"/> Azacitidine | <input type="checkbox"/> Irinotecan | <input type="checkbox"/> Temsirolimus |
| <input type="checkbox"/> Belrapzo (bendamustine) | <input type="checkbox"/> Istodax (romidepsin) | <input type="checkbox"/> Thyrogen (thyrotropin alfa) |
| <input type="checkbox"/> Bendeka (bendamustine) | <input type="checkbox"/> Jemperli (dostarlimab) | <input type="checkbox"/> Tice BCG (bacillus calmette-guerin live) |
| <input type="checkbox"/> Besponsa (inotuzumab ozogamicin) | <input type="checkbox"/> Keytruda (pembrolizumab) | <input type="checkbox"/> Tivdak (tisotumab vedotin-tftv) |
| <input type="checkbox"/> Bleomycin | <input type="checkbox"/> Kyprolis (carfilzomib) | <input type="checkbox"/> Topotecan |
| <input type="checkbox"/> Carboplatin | <input type="checkbox"/> Leucovorin | <input type="checkbox"/> Treanda (bendamustine) |
| <input type="checkbox"/> Cisplatin | <input type="checkbox"/> Lumoxiti (moxetumomab) | <input type="checkbox"/> Truxima (rituximab-abbs) |
| <input type="checkbox"/> Cladribine | <input type="checkbox"/> Margenza (margetuximab-cmkb) | <input type="checkbox"/> Valrubicin |
| <input type="checkbox"/> Cyramza (ramucirumab) | <input type="checkbox"/> Mesna | <input type="checkbox"/> Vectibix (panitumumab) |
| <input type="checkbox"/> Cyclophosphamide | <input type="checkbox"/> Mitomycin | <input type="checkbox"/> Velcade (bortezomib) |
| <input type="checkbox"/> Cytarabine | <input type="checkbox"/> Mvasi (bevacizumab-awwb) | <input type="checkbox"/> Vinblastine |
| <input type="checkbox"/> Dacarbazine | <input type="checkbox"/> Mylotarg (gemtuzumab ozogamicin) | <input type="checkbox"/> Vincristine |
| <input type="checkbox"/> Dactinomycin | <input type="checkbox"/> Nyvepria (pegfilgrastim-apgf) | <input type="checkbox"/> Vinorelbine |
| <input type="checkbox"/> Darzalex (daratumumab) | <input type="checkbox"/> Oncaspar (pegaspargase) | <input type="checkbox"/> Vyxeos (daunorubicin/cytarabine liposomal) |
| <input type="checkbox"/> Darzalex Faspro (daratumumab and hyaluronidase) | <input type="checkbox"/> Opdivo (nivolumab) | <input type="checkbox"/> Xgeva (denosumab) |
| <input type="checkbox"/> Daunorubicin | <input type="checkbox"/> Opdualag (nivolumab and relatimab-rmbw) | <input type="checkbox"/> Yervoy (ipilimumab) |
| <input type="checkbox"/> Decitabine | <input type="checkbox"/> Oxaliplatin | <input type="checkbox"/> Yondelis (trabectedin) |
| <input type="checkbox"/> Dexrazoxane | <input type="checkbox"/> Paclitaxel | <input type="checkbox"/> Zaltrap (ziv-aflibercept) |
| <input type="checkbox"/> Docetaxel | <input type="checkbox"/> Paclitaxel protein bound particles | <input type="checkbox"/> Zepzelca (lurbinectedin) |
| <input type="checkbox"/> Doxorubicin | <input type="checkbox"/> Padcev (enfortumab vedotin-efv) | <input type="checkbox"/> Zirabev (bevacizumab-bvzr) |
| <input type="checkbox"/> Doxorubicin liposomal | <input type="checkbox"/> Pamidronate | <input type="checkbox"/> Zoledronic Acid |
| <input type="checkbox"/> Elitek (rasburicase) | <input type="checkbox"/> Perjeta (pertuzumab) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Empliciti (elotuzumab) | <input type="checkbox"/> Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf) | |
| <input type="checkbox"/> Enhertu (fam-trastuzumab deruxtecan-nxki) | <input type="checkbox"/> Polivy (polatuzumab vedotin) | |
| <input type="checkbox"/> Erbitux (Cetuximab) | <input type="checkbox"/> Poteligeo (mogamulizumab) | |
| <input type="checkbox"/> Erwinaze (asparaginase Erwinia chrysanthemi) | <input type="checkbox"/> Proleukin (aldesleukin, IL-2) | |
| <input type="checkbox"/> Etoposide | <input type="checkbox"/> Riabni (rituximab-arrx) | |
| <input type="checkbox"/> Fludarabine | <input type="checkbox"/> Rituxan (rituximab) | |
| <input type="checkbox"/> Fluorouracil | | |

PRESCRIPTIONS	DRUG NAME/STRENGTH	SIG/DIRECTIONS	QUANTITY/REFILLS
RX 1	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
RX 2	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
RX 3	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____

Patient is interested in patient support programs **STAMP SIGNATURE NOT ALLOWED** Ancillary supplies and kits provided as needed for administration

6 PRESCRIBER SIGNATURE REQUIRED (STAMP SIGNATURE NOT ALLOWED)

"Dispense As Written" / Brand Medically Necessary / Do Not Substitute / No Substitution / DAW / May Not Substitute Prescriber's Signature: _____ Date: _____	May Substitute / Product Selection Permitted / Substitution Permissible Prescriber's Signature: _____ Date: _____
CA, MA, NC & PR: Interchange is mandated unless Prescriber writes the words "No Substitution" _____ ATTN: New York and Iowa providers, please submit electronic prescription	

The information provided above is true and accurate to the best of my knowledge, with supporting documentation in the patient's medical record. By signing above, I hereby authorize CVS Specialty Pharmacy and/or its affiliate pharmacies to complete and submit prior authorization (PA) requests to payors for the prescribed medication for this patient and to attach this Enrollment Form to the PA request as my signature.

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Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

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