

Oncology Breast Cancer (drugs J-Z)



(Kisqali®, Nerlynx™, Tykerb®, Xeloda®)

Information	Prescriber + Shipping Information
Patient name: _____ DOB: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male SSN: _____ Language: _____ Wt: _____ <input type="checkbox"/> kg <input type="checkbox"/> lbs Ht: _____ <input type="checkbox"/> cm <input type="checkbox"/> in Address: _____ Apt/Suite: _____ City: _____ State: _____ Zip: _____ Phone: _____ Alternate: _____ Caregiver name: _____ Relation: _____ Local pharmacy: _____ Phone: _____ Insurance plan: _____ Plan ID: _____	Prescriber name: _____ NPI: _____ Address: _____ Apt/Suite: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____ Alternate: _____ Fax: _____ Email: _____ If shipping to prescriber: <input type="checkbox"/> First Fill <input type="checkbox"/> Always <input type="checkbox"/> Never

Please fax a copy of front and back of the insurance card(s).

Clinical Information (Please fax all pertinent clinical and lab information)

Diagnosis (C00-D49): _____ **Diagnosis date:** _____

Mutations: HER2 _____ ER: Positive Negative PR: Positive Negative

Prior Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Discontinuation of Therapy	Approximate Start Date	Approximate End Date
_____	_____	_____	_____
_____	_____	_____	_____

Comorbidities: _____

Concomitant Medications: _____

Allergies: NKDA Other: _____

Prescription

Prescription	Quantity	Refill
§Afinitor® and Ibrance® are listed alphabetically on respective enrollment form.§		
Kisqali® (ribociclib) Take 600 mg by mouth once daily on days 1-21 of a 28-day cycle Patient will be obtaining an aromatase inhibitor at: Diplomat (fill prescription below) <input type="checkbox"/> Other pharmacy <input type="checkbox"/> Not receiving (Reason: _____)	63 x 200 mg tablets	_____
<input type="checkbox"/> Kisqali® (ribociclib) Femara® (letrozole) Co-pack Take 600 mg of Kisqali® by mouth once daily on days 1-21 with 2.5 mg of Femara® by mouth once daily on days 1-28 of a 28-day cycle.	63 x 200 mg tablets of Kisqali® 28 x 2.5 mg tablets of Femara®	_____
Nerlynx™ (neratinib) Take 240 mg by mouth once daily with food Take _____ mg by mouth once daily with food	180 x 40 mg tablets _____ x 40 mg tablets	_____
Loperamide Take 4 mg by mouth three times daily for days 1-14; then take 4 mg by mouth twice daily for days 15-30 Take 4 mg by mouth twice daily for days 31-56 Take 4 mg by mouth as needed (not to exceed 16 mg per day)	148 x 2 mg capsules	0
	104 x 2 mg capsules	0
	_____ x 2 mg capsules	_____
Tykerb® (lapatinib) Take 1,250 mg by mouth once daily at least one hour before or after a meal Take 1,500 mg by mouth once daily at least one hour before or after a meal <input type="checkbox"/> _____	<input type="checkbox"/> 105 x 250 mg tablets 180 x 250 mg tablets _____	_____
Xeloda® (capecitabine) Take _____ mg (_____ mg/m2/dose x _____ m2) by mouth twice daily (every 12 hours) within 30 minutes after a meal on days 1-14 of a 21-day cycle	<input type="checkbox"/> _____ x 150 mg tablets <input type="checkbox"/> _____ x 500 mg tablets _____	_____

Endocrine Therapy Options

Medication	Directions	Quantity	Refill
Evista® (raloxifene) FARESTON® (toremifene) Nolvadex® (tamoxifen)			
Arimidex® (anastrozole) Aromasin® (exemestane) <input type="checkbox"/> Femara® (letrozole)			
Faslodex® (fulvestrant)			

Per state-specific law, prescriptions will be dispensed as generic, if applicable, unless notated otherwise: _____

Stamp signature not allowed, physician signature required.

Prescriber's Signature: _____ Date: _____

I authorize Diplomat Pharmacy, Inc. and its representatives to act as an agent to initiate and execute the insurance prior authorization process for this prescription and any future fills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time by providing written notice to Diplomat Pharmacy, Inc.

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