GENERAL ONCOLOGY ENROLLMENT

Fax to: 817-332-5363

encore pharmacy

DATE: _____ **SHIP TO:**
DATE NEEDED: _____ ☐ PATIENT ☐ OFFICE

PHARMACY LOCATION
Phone: 817-335-5712
Fax: 817-332-5363
800 8th Avenue, Suite 130
Fort Worth, TX 76104

PATIENT INFO

NAME: _____ E-MAIL_____ DOB:_____ ☐ MALE ☐ FEMALE

ADDRESS: _____ CITY_____ STATE_____ ZIP_____

HOME TELEPHONE:_____ MOBILE PHONE:_____ SS#__ __ __ - ___ ___ - ___ ___ ___ ___

CLINICAL INFO

Patient Characteristics ☐ Adult Female, Not of Reproductive Potential ☐ Female Child, Not of Reproductive Potential ☐ Adult Male
☐ Adult Female, Reproductive Potential ☐ Female Child, Reproductive Potential ☐ Male Child

PRESCRIPTION INFORMATION

☐ **Afinitor®** (everolimus)
☐ 2mg Disperz ☐ 3mg Disperz ☐ 5mg Disperz
☐ 2.5mg ☐ 5mg ☐ 7.5mg ☐ 10mg
Sig:
☐ Take ____ Tab PO QD ☐ Other: _____
QTY: _____ Refills_____

☐ **Gleevec®** (imatinib) ☐ 100mg ☐ 400mg
Sig:
☐ Take _____ Caps PO QD ☐ Take _____ Caps PO BID
☐ Other: _____
QTY: _____ Refills_____

☐ **Erlotinib** ☐ 25mg ☐ 100mg ☐ 150mg
Sig:
☐ Take ____ Tab PO QD on an empty stomach
☐ Other: _____
QTY: _____ Refills_____

☐ **Targretin®** (bexarotene) ☐ 75mg ☐ 1% GEL 60 GM
Sig:
☐ Take ____ Tab PO QD with a meal
☐ Initial application:one time every other day for a week, increasing to every day for a week, then twice a day for a week, then three times a day for a week. Maintenance dose of four times a day for each week.
☐ Other: _____
QTY: _____ Refills_____

☐ **Temozolamide**
☐ 5mg ☐ 20mg ☐ 100mg ☐ 140mg ☐ 180mg ☐ 250mg
Sig:
☐ Take ____mg PO QD for ____ days with ____ days off
☐ Conjunction with Radiation: Start Date _____ for _____ number of days a week
☐ Other: _____
QTY: _____ Refills_____

☐ **Xeloda®** (capecitabine) ☐ 150mg ☐ 500mg
☐ Take ____ Tab PO QD with a meal
Sig:
☐ Take __ Tabs PO BID on days 1-14, of a 21 day cycle. Repeat.
☐ Conjunction with Radiation: Start Date _____ for ____ number of days a week
☐ Other: _____
QTY: _____ Refills_____

☐ **Zytiga®** ☐ 250mg Tablets ☐ 500mg Tablets
(abiraterone Acetate)
Sig:
☐ Take 1,000 mg orally once daily on an empty stomach, at least 1 hour before or 2 hours after a meal with prednisone.
☐ Other: _____
QTY: _____ Refills_____

☐ **Retacrit®** ☐ 2,000 U/mL ☐ 3,000 U/mL ☐ 4,000 U/mL ☐ 10,000 U/mL ☐ 20,000 U/mL ☐ 40,000 U/mL
Sig: ☐ Inject _____ units three times weekly ☐ Inject _____units once weekly. ☐ Other_____ QTY: _____Vial(s) Refills_____

MEDICATION:

☐ Abiraterone Acetate	☐ Gleostine®	☐ Neulasta®	☐ Releuko®	☐ Trientine HCL
☐ Agrylin®	☐ Granix®	☐ Neupogen®	☐ Rituxan®	☐ Truxima®
☐ Aranesp®	☐ Herceptin®	☐ Nivestym®	☐ Riabni®	☐ Trisenox®
☐ Aromasin®	☐ Herzuma®	☐ Nyvepria™	☐ Ruxience®	☐ Tykerb®
☐ Carmustine	☐ Jadenu®	☐ Octreotide acetate	☐ Rydapt®	☐ Udenyca®
☐ Clovique®	☐ Jevtana®	☐ Odomzo®	☐ Sandostatin®	☐ Votrient®
☐ Cyclophosphamide	☐ Kadcyla®	☐ Ogivri®	☐ Sprycel®	☐ Yonsa®
☐ Eligard® Depot	☐ Kanjinti®	☐ Ontruzant®	☐ Stimufend®	☐ Zarxio®
☐ Epogen®	☐ Keytruda®	☐ Penicillamine	☐ Sunitinib Malate	☐ Zolinza
☐ Erleada®	☐ Kisqali®	☐ Perjeta	☐ Tafinlar®	☐ Zykadia®
☐ Firmagon®	☐ Kisqali®/Femara®	☐ Piqray®	☐ Tecentriq®	☐ Other
☐ Fylnetra®	☐ Letrozole	☐ Phesgo®	☐ Temodar®	
☐ Fulphila®	☐ Lupron® Depot	☐ Procrit®	☐ Tasigna®	
☐ Gazyva®	☐ Mekinist®	☐ Promacta®	☐ Trazimera®	

Dose/Strength: _____
_____
Directions: _____
Qty: _____ Refills:_____

Dose/Strength: _____
_____
Directions: _____
Qty: _____ Refills:_____

INJECTION TRAINING ☐ **Patient has received injection training** ☐ **Physician Office to provide injection training** ☐ **Pharmacy to provide injection training**

PRESCRIBER INFORMATION

Prescriber's Name: _____ Contact Person:_____
Telephone: _____ Fax:_____ Email:_____
Office Address: _____ City:_____ State: _____ Zip:_____
NPI # : _____ DEA # : _____ UPIN # : _____ Medicaid Provider # : _____

_____ _____ * _____
PRESCRIBER'S SIGNATURE (DATE) *IF BRAND DRUGS ARE PREFERRED, HANDWRITE **"BRAND MEDICALLY NECESSARY"** ABOVE

I authorize the Pharmacy noted above and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

Form: -OncGen-E-Encore
-5202-10-10-23