

Remove above portion before faxing. Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

**Oral Oncology K–M Prescription Form**

**Patient information**

Patient: \_\_\_\_\_  Female  Male DOB: \_\_\_\_\_ Insurance plan: \_\_\_\_\_ Plan ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Caregiver: \_\_\_\_\_ Caregiver phone #: \_\_\_\_\_  
 Other medical conditions: \_\_\_\_\_ Allergies:  No  Yes: \_\_\_\_\_

**Clinical information**

Need by date: \_\_\_\_\_ BSA: \_\_\_\_\_ m<sup>2</sup> Height: \_\_\_\_\_ Weight: \_\_\_\_\_  lb  kg Date: \_\_\_\_\_  
 ICD-10 code(s): \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Diagnosis date: \_\_\_\_\_  
 Renal dysfunction:  No  Yes Current SCr: \_\_\_\_\_ or current GFR: \_\_\_\_\_ mL/min Liver dysfunction:  No  Yes  
 Abnormal lab values: \_\_\_\_\_ Concurrent medications: \_\_\_\_\_  
 Confirmed predictive biomarker or genetic testing:  No  Yes If “Yes,” list: \_\_\_\_\_

Previous therapy:	Discontinuation reason:	Dates:
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

**Prescription information** Note: Ohio law allows one prescription per preprinted order form. Please use additional forms for more than one prescription.

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Kisqali 200 mg tablets (ribociclib) (Please see form “E–I” for letrozole.)	<input type="checkbox"/> 200 mg pack <input type="checkbox"/> 400 mg pack <input type="checkbox"/> 600 mg pack	<input type="checkbox"/> Take _____ mg once daily for 21 days followed by 7 days off.	_____	_____
<input type="checkbox"/> Kisqali 200 mg/Femara 2.5 mg Co-Pack (ribociclib/letrozole)	<input type="checkbox"/> 200 mg/2.5 mg pack <input type="checkbox"/> 400 mg/2.5 mg pack <input type="checkbox"/> 600 mg/2.5 mg pack	<input type="checkbox"/> Kisqali: Take _____ tablets (_____ mg) once daily for 21 days followed by 7 days off. <input type="checkbox"/> Femara: Take one tablet (2.5 mg) once daily throughout 28 days.	_____	_____
<input type="checkbox"/> Lenvima capsules (lenvatinib)	<input type="checkbox"/> 4 mg daily dose <input type="checkbox"/> 8 mg daily dose <input type="checkbox"/> 10 mg daily dose <input type="checkbox"/> 12 mg daily dose <input type="checkbox"/> 14 mg daily dose <input type="checkbox"/> 18 mg daily dose <input type="checkbox"/> 20 mg daily dose <input type="checkbox"/> 24 mg daily dose	Take _____ mg once daily.	30 day supply	_____
<input type="checkbox"/> Leukeran tablets (chlorambucil)	2 mg	_____	_____	_____
<input type="checkbox"/> Lorbrena tablets (lorlatinib)	<input type="checkbox"/> 25 mg <input type="checkbox"/> 100 mg	<input type="checkbox"/> Take one tablet once daily.	_____	_____
<input type="checkbox"/> Lumakras tablets (sotorasib)	120 mg	<input type="checkbox"/> Take eight tablets (960 mg) once daily.	_____	_____
<input type="checkbox"/> Mekinist tablets (trametinib) (Please see form “T” for Tafenlar.)	<input type="checkbox"/> 0.5 mg <input type="checkbox"/> 2 mg	<input type="checkbox"/> Take one tablet once daily on empty stomach.	_____	_____
<input type="checkbox"/> Mektovi tablets (binimetinib) (Please see form “A–D” for Braftovi.)	15 mg	<input type="checkbox"/> Take three tablets (45 mg) twice daily.	_____	_____

**Prescriber and shipping information (please print)**

Prescriber: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Ship to:  Patient  Office  Other: \_\_\_\_\_  
 Office address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Office phone number: \_\_\_\_\_ Office fax number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We will dispense this prescription as generic, unless the prescriber indicates “Dispense as Written” here: \_\_\_\_\_  
 The prescriber is to comply with his/her state-specific prescription requirements, such as e-prescribing, state-specific prescription form and fax language. Noncompliance with state-specific requirements could result in outreach to the prescriber.