CenterWell Specialty Pharmacy

Fax: 877-405-7940
Phone: 800-486-2668

CenterWell Specialty Pharmacy™

Monday – Friday: 8 a.m. – 11 p.m., and
Saturday: 8 a.m. – 6:30 p.m., Eastern time

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 T 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^2 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:
❒ _____	_____	_____
❒ _____	_____	_____
❒ _____	_____	_____

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
❒ Tabrecta tablets (capmatinib)	❒ 150 mg ❒ 200 mg	❒ Take two tablets twice daily.	_____	____
❒ Tafinlar capsules (dabrafenib) (Please see form "K–M" for Mekinist.)	❒ 50 mg ❒ 75 mg	❒ Take two capsules twice daily on an empty stomach.	_____	____
❒ Tagrisso tablets (osimertinib) Check one: ❒Metastatic or ❒ Resected/adjuvant	❒ 40 mg ❒ 80 mg	❒ Take one capsule once daily.	_____	____
❒ Talzenna capsules (talazoparib)	❒ 0.25 mg ❒ 1 mg	❒ Take one capsule once daily.	_____	____
❒ tamoxifen tablets	❒ 10 mg ❒ 20 mg	❒ Take one tablet once daily.	_____	____
❒ Targretin capsules (bexarotene)	75 mg	_____	_____	____
❒ Tasigna capsules (nilotinib)	❒ 50 mg ❒ 150 mg ❒ 200 mg	❒ Take two capsules (_____ mg) twice daily on an empty stomach.	_____	____
❒ Temodar capsules (temozolomide)	❒ 5 mg ❒ 20 mg ❒ 100 mg ❒ 140 mg ❒ 180 mg ❒ 250 mg	_____ _____	_____	____
❒ tretinoin capsules	10 mg	_____	_____	____
❒ Tykerb tablets (lapatinib) (Please see corresponding form for Xeloda or letrozole.)	250 mg	❒ Take ___ tablets (_____ mg) once daily on an empty stomach.	_____	____
❒ Other:_____	_____	_____	_____	____

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.