

# Oncology Injectable and Infused Medication Enrollment Form



Fax Referral To: 1-855-297-1270

Phone: 1-888-280-1190

Address: 6020 Ave Roberto Sanchez Vilella Carolina, PR 00982

NCPDP: 4026325

## Six Simple Steps to Submitting a Referral

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

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  Female  
Address: \_\_\_\_\_ City, State, ZIP Code: \_\_\_\_\_  
Preferred Contact Methods:  Phone (to primary # provided below)  Text (to cell # provided below)  Email (to email provided below)  
**Carrier charges may apply. By providing the phone number(s) and email address above, you are consenting to receive automated calls, emails and/or text messages from CVS Specialty® about your prescription(s), account, and health care. Standard data rates apply. Message frequency varies. If unable to contact via text or email, Specialty Pharmacy will attempt to contact by phone.**  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Last Four of SSN: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Parent/Caregiver/Legal Guardian Name (Last, First): \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

### 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)*

Is the Patient Insured?  Yes  No Is the Patient enrolled or eligible for Medicare/Medicaid?  Yes  No  
Policy Holder's Name: \_\_\_\_\_ Policy Holder's DOB: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_ Telephone: \_\_\_\_\_ Policy ID: \_\_\_\_\_  
Group #: \_\_\_\_\_ Prescription Insurance: \_\_\_\_\_ Prescription Plan Telephone: \_\_\_\_\_  
Policy ID: \_\_\_\_\_  
Group #: \_\_\_\_\_ RX BIN #: \_\_\_\_\_ RX PCN #: \_\_\_\_\_  
 Check box if patient is enrolled in manufacturer copay assistance If yes, please provide ID# \_\_\_\_\_

### 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: \_\_\_\_\_ m<sup>2</sup>

# Oncology Injectable and Infused Medication Enrollment Form

## A-K

### Please complete Patient and Prescriber Information

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Prescriber Phone: \_\_\_\_\_

### 5 PRESCRIPTION INFORMATION

#### Medications:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Abraxane<br>(nab-paclitaxel)          | <input type="checkbox"/> (irinotecan)  | <input type="checkbox"/> Empliciti (elotuzumab)                                       | <input type="checkbox"/> (durvalumab)                   |
| <input type="checkbox"/> Adcetris<br>(brentuximab vedotin)     | <input type="checkbox"/> Carboplatin   | <input type="checkbox"/> Enhertu<br>(fam-trastuzumab<br>deruxtecan-nxki)              | <input type="checkbox"/> Imjudo<br>(tremelimumab-actl)  |
| <input type="checkbox"/> Alimta<br>(pemetrexed)                | <input type="checkbox"/> Cisplatin   | <input type="checkbox"/> Erbitux<br>(cetuximab)                                       | <input type="checkbox"/> Irinotecan                     |
| <input type="checkbox"/> Almysys<br>(bevacizumab-maly)         | <input type="checkbox"/> Cladribine  | <input type="checkbox"/> Erwinaze<br>(asparaginase Erwinia<br>chrysanthem)            | <input type="checkbox"/> Istodax<br>(romidepsin)        |
| <input type="checkbox"/> Arranon<br>(nelarabine)               | <input type="checkbox"/> Columvi (glofitamab-gxbr)                                 | <input type="checkbox"/> Gazyva<br>(obinutuzumab)                                     | <input type="checkbox"/> Ixempra<br>(ixabepilone)       |
| <input type="checkbox"/> Asparlas<br>(calaspargase pegol-mknl) | <input type="checkbox"/> Cyclophosphamide  | <input type="checkbox"/> Gemcitabine HCL  | <input type="checkbox"/> Jemperli<br>(dostarlimab-gxly) |
| <input type="checkbox"/> Avastin<br>(bevacizumab)              | <input type="checkbox"/> Cyramza<br>(ramucirumab)                                  | <input type="checkbox"/> Herceptin<br>(trastuzumab)                                   | <input type="checkbox"/> Jevtana<br>(cabazitaxel)       |
| <input type="checkbox"/> Beleodaq<br>(belinostat)              | <input type="checkbox"/> Cytarabine  | <input type="checkbox"/> Herceptin Hylecta<br>(trastuzumab and<br>hyaluronidase-oysk) | <input type="checkbox"/> Keytruda<br>(pembrolizumab)    |
| <input type="checkbox"/> Belrapzo<br>(bendamustine)            | <input type="checkbox"/> Dacarbazine   | <input type="checkbox"/> Herzuma<br>(trastuzumab-pkrb)                                | <input type="checkbox"/> Kanjinti<br>(trastuzumab-anns) |
| <input type="checkbox"/> Bendeka<br>(bendamustine)             | <input type="checkbox"/> Dactinomycin  | <input type="checkbox"/> Ifosfamide   | <input type="checkbox"/> Kyprolis<br>(carfilzomib)      |
| <input type="checkbox"/> Besponsa<br>(inotuzumab ozogamicin)   | <input type="checkbox"/> Darzalex<br>(daratumumab)                                 | <input type="checkbox"/> Imfinzi  |   |
| <input type="checkbox"/> BiCNU<br>(carmustine)                 | <input type="checkbox"/> Darzalex Faspro<br>(daratumumab and<br>hyaluronidase-fih) |   |   |
| <input type="checkbox"/> Bleomycin                             | <input type="checkbox"/> Datroway (datopotamab<br>deruxtecan-dlnk)                 |   |   |
| <input type="checkbox"/> Camptosar                             | <input type="checkbox"/> Daunorubicin  |   |   |
|  | <input type="checkbox"/> Decitabine  |   |   |
|  | <input type="checkbox"/> Dexrazoxane   |   |   |
|  | <input type="checkbox"/> Docetaxel   |   |   |
|  | <input type="checkbox"/> Doxorubicin   |   |   |
|  | <input type="checkbox"/> Doxorubicin liposomal                                     |   |   |
|  | <input type="checkbox"/> Elitek<br>(rasburicase)                                   |   |   |

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 <b>Prescriber's Signature:</b> _____ <b>Date:</b> _____	May Substitute / Product Selection Permitted / Substitution Permissible <b>Prescriber's Signature:</b> _____ <b>Date:</b> _____
<b>CA, MA, NC &amp; PR:</b> Interchange is mandated unless Prescriber writes the words "No Substitution" _____ <b>ATTN: New York and Iowa providers,</b> 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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# Oncology Injectable and Infused Medication Enrollment Form

## L-Z

### Please complete Patient and Prescriber Information

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Patient Phone: \_\_\_\_\_  
 Prescriber Name: \_\_\_\_\_ Prescriber Phone: \_\_\_\_\_

### 5 PRESCRIPTION INFORMATION

#### Medications:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Leucovorin<br><input type="checkbox"/> Levoleucovorin<br><input type="checkbox"/> Lunsumio<br>(mosunetuzumab-axgb)<br><input type="checkbox"/> Margenza<br>(margetuximab-cmkb)<br><input type="checkbox"/> Melfhalan<br><input type="checkbox"/> Mesna<br><input type="checkbox"/> Mitomycin<br><input type="checkbox"/> Mvasi<br>(bevacizumab-awwb)<br><input type="checkbox"/> Mylotarg<br>(gemtuzumab ozogamicin)<br><input type="checkbox"/> Niktimvo (axatilimab-csfr)<br><input type="checkbox"/> Ogivri (trastuzumab-dkst)<br><input type="checkbox"/> Onivyde<br>(irinotecan liposomal)<br><input type="checkbox"/> Ontruzant<br>(trastuzumab-dttb)<br><input type="checkbox"/> Opdivo (nivolumab)<br><input type="checkbox"/> Opdivo Qvantiq<br>(nivolumab and hyaluronidase-nvhy)<br><input type="checkbox"/> Opdualag<br>(nivolumab and relatimab-rmbw)<br><input type="checkbox"/> Osenvelt (denosumab-bmwo)<br><input type="checkbox"/> Oxaliplatin<br><input type="checkbox"/> Paclitaxel<br><input type="checkbox"/> Padcev | <input type="checkbox"/> (enfortumab vedotin-ejfv)<br><input type="checkbox"/> Pamidronate<br><input type="checkbox"/> Perjeta<br>(pertuzumab)<br><input type="checkbox"/> Phesgo<br>(pertuzumab, trastuzumab, and hyaluronidase-zzxf)<br><input type="checkbox"/> Polivy<br>(polatuzumab vedotin-piiq)<br><input type="checkbox"/> Portrazza<br>(necitumumab)<br><input type="checkbox"/> Poteligeo (mogamulizumab-kpkc)<br><input type="checkbox"/> Proleukin<br>(aldesleukin, IL-2)<br><input type="checkbox"/> Riabni<br>(rituximab-arrx)<br><input type="checkbox"/> Rituxan (rituximab)<br><input type="checkbox"/> Rituxan Hycela<br>(rituximab and hyaluronidase human)<br><input type="checkbox"/> Ruxience<br>(rituximab-pvvr)<br><input type="checkbox"/> Rybrevant<br>(amivantamab-vmjw)<br><input type="checkbox"/> Rylaze<br>(asparaginase erwinia chrysanthemii-rywn)<br><input type="checkbox"/> Sarclisa (isatuximab-irfc)<br><input type="checkbox"/> Sylvant | <input type="checkbox"/> (siltuximab)<br><input type="checkbox"/> Tecentriq (atezolizumab)<br><input type="checkbox"/> Tecentriq Hybreza<br>(atezolizumab and hyaluronidase-tqjs)<br><input type="checkbox"/> Temsirolimus<br><input type="checkbox"/> Thyrogen<br>(thyrotropin alfa)<br><input type="checkbox"/> Tice BCG<br>(bacillus calmette-guerin live)<br><input type="checkbox"/> Tivdak<br>(tisotumab vedotin-tftv)<br><input type="checkbox"/> Topotecan<br><input type="checkbox"/> Trazimera<br>(trastuzumab-qyyp)<br><input type="checkbox"/> Treanda<br>(bendamustine)<br><input type="checkbox"/> Trisenox (arsenic trioxide)<br><input type="checkbox"/> Truxima<br>(rituximab-abbs)<br><input type="checkbox"/> Valrubicin<br><input type="checkbox"/> Unloxcyt<br>(cosibelimab-ipdl)<br><input type="checkbox"/> Vectibix<br>(panitumumab)<br><input type="checkbox"/> Vegzelma<br>(bevacizumab-adcd)<br><input type="checkbox"/> Velcade<br>(bortezomib) | <input type="checkbox"/> Vidaza<br>(azacitidine)<br><input type="checkbox"/> Vinblastine<br><input type="checkbox"/> Vincristine<br><input type="checkbox"/> Vinorelbine<br><input type="checkbox"/> Vyxeos<br>(daunorubicin/cytarabine liposomal)<br><input type="checkbox"/> Wyost (denosumab-bbdz)<br><input type="checkbox"/> Xgeva (denosumab)<br><input type="checkbox"/> Xtrenbo (denosumab-qbde)<br><input type="checkbox"/> Yervoy (ipilimumab)<br><input type="checkbox"/> Yondelis<br>(trabectedin)<br><input type="checkbox"/> Zaltrap<br>(ziv-aflibercept)<br><input type="checkbox"/> Zepzelca (lurbinectedin)<br><input type="checkbox"/> Ziihera (zanidatamab-hrii)<br><input type="checkbox"/> Zirabev<br>(bevacizumab-bvzr)<br><input type="checkbox"/> Zoledronic Acid<br><input type="checkbox"/> Other: _____ |
|---|---|---|--|

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

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