CELGENE

SPECIALTY PHARMACY

Irvine, CA **toll free** 855.313.9202 **toll free fax** 844.888.4157
krogerspecialtypharmacy.com

DATE: _____ NEEDS BY DATE: _____ **SHIP TO:** ❑ PATIENT ❑ OFFICE ❑ OTHER _____

PATIENT INFO

Patient Name	
Address	
City, State, Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	❑ Male ❑ Female

PRESCRIBER INFO

Prescriber Name		
DEA #	NPI #	License #
Address		
City, State, Zip		
Phone	Fax	
Contact Person		

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES ❑ MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: _____ (ICD-10): _____

Please Attach Supporting Labs and Provide Medication List

Drug Allergies: _____

PRESCRIPTION INFORMATION

❑ Thalomid® ❑ 50mg ❑ 100mg ❑ 150mg ❑ 200mg
Sig:
❑ Take 1 cap PO daily — Supplied in blister packs of 28 caps — Qty: 28 — No Refills
❑ _____ — Qty: _____ — No Refills

❑ Pomalyst® ❑ 1mg ❑ 2mg ❑ 3mg ❑ 4mg
Sig:
❑ Take 1 cap PO daily, days 1-21 of 28 day cycle — Qty: 21 — No Refills
❑ _____ — Qty: _____ — No Refills

❑ Revlimid® ❑ 2.5mg ❑ 5mg ❑ 10mg ❑ 15mg ❑ 20mg ❑ 25mg
Sig:
❑ Take 1 cap PO daily — Qty: 28 — No Refills
❑ Take 1 cap PO daily, days 1-21 of 28 day cycle — Qty: 21 — No Refills
❑ _____ — Qty: _____ — No Refills

❑ Ninlaro® ❑ 4mg ❑ 3mg ❑ 2.3mg
Sig:
Take 1 cap PO once a week, on the same day each week for the first 3 weeks of each cycle
Take 1 hour before or 2 hours after food. — Qty: 3 — _____ Refills

❑ Other:

Indicate Type From PPAF (Check one)
❑ Adult Female - Reproductive Potential (FRP)
❑ Adult Female - NOT of Reproductive Potential (FNRP)
❑ Adult Male
❑ Female Child - Reproductive Potential (FRP)
❑ Female Child - NOT of Reproductive Potential (FNRP)
❑ Male Child

Authorization #:
Date:
(To be filled in by heathcare provider)
Authorization # is only valid for 30 days (7 days for FRP)

Confirmation #:
Date:
(To be filled in by pharmacy)

❑ Dexamethasone Qty: _____ _____ Refills
Sig:

❑ _____ Qty: _____ _____ Refills
Sig:

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted Date

Prescriber's Signature (no stamps) Dispense As Written Date