# CELGENE-NINLARO

SPECIALTY PHARMACY

**Lake Mary, FL** toll free 855.733.3126 toll free fax 888.315.3270

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

**INSURANCE:** PLEASE FAX COPY OF PRESCRIPTION CARD & 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: Supplied in blister packs of 28 caps

❑ Take 1 cap PO daily 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) Dispense As Written Date

Prescriber's Signature (no stamps) Substitution Permitted Date