



Medmark, A Walgreens Specialty Pharmacy  
 500 Noblestown Road, Suite 200  
 Carnegie, PA 15106  
 Customer Service Phone: 1-888-347-3416

**Neighborhood Health Plan  
 ORAL ONCOLOGY THERAPY ENROLLMENT FORM**

**Fax To Medmark, A Walgreens Specialty Pharmacy: 1-877-231-8302**

**Date Needed:** \_\_\_\_\_

Patient Name (First):	Last:	M:	DOB (MM/DD/YY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	SSN:
Patient Address (Include Apt. #):		City:		State:	Zip:
Daytime Phone: Email address:		Evening Phone: Cell Phone:		Best Time To Contact Patient: <input type="checkbox"/> _____ AM <input type="checkbox"/> _____ PM	

**INSURANCE INFORMATION: PLEASE SEND COPIES OF BOTH SIDES OF PHARMACY AND MEDICAL INSURANCE CARDS WITH THIS FORM.**

Insured's Name:	Insured's SSN:	Insured's Employer Or Group #:
Medical Insurance Name:	Medical ID#:	Medical Insurance Phone:
Pharmacy Insurance Name:	Pharmacy ID#:	Pharmacy Insurance Phone:
Secondary Insurance Name:	Secondary ID#:	Secondary Insurance Phone:
Prior Authorization:	Valid Through:	Is The Patient Medicare Primary? <input type="checkbox"/> Y <input type="checkbox"/> N

**PRESCRIPTION INFORMATION (IF ATTACHING AN RX, PLEASE INCLUDE THE ICD-9 CODE AND PHYSICIAN SIGNATURE)**

<input type="checkbox"/> <b>GLEEVEC®</b> (imatinib mesylate)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
<input type="checkbox"/> <b>NEXAVAR®</b> (sorafenib)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
<input type="checkbox"/> <b>REVLIMID®</b> (lenalidomide)	Contact RevAssist <sup>SM</sup> At 1-888-423-5436			
<input type="checkbox"/> <b>SPRYCEL®</b> (dasatinib)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
<input type="checkbox"/> <b>SUTENT®</b> (sunitinib)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
<input type="checkbox"/> <b>TASIGNA®</b> (nilotinib)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
<input type="checkbox"/> <b>TARCEVA®</b> (erlotinib)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
<input type="checkbox"/> <b>TARGRETIN®</b> (bexarotene)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
<input type="checkbox"/> <b>TEMODAR®</b> (temozolomide)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
<input type="checkbox"/> <b>THALOMID®</b> (thalidomide)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
<input type="checkbox"/> <b>TYKERB®</b> (lapatinib)	Contact TYKERB® CARES At 1-866-4-TYKERB (1-866-489-5372)			
<input type="checkbox"/> <b>XELODA®</b> (capecitabine)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
<input type="checkbox"/> <b>ZOLINZA®</b> (vorinostat)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
<input type="checkbox"/> <b>VESANOID®</b> (tretinoin)	Mandatory generic interchange program applies. Contact NHP at 800-462-5449			
<input type="checkbox"/> <b>TRETINOIN</b> (Vesanoid®)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
<input type="checkbox"/> <b>HYCAMTIN®</b> (topotecan)	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
Other Drug:	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
Other Drug:	Dose: _____ mg	Qty: _____	Sig: _____	Refill X _____
Weight: _____ (Kg) Height: _____ ICD-9: _____ Physician Signature: X _____				

**PHYSICIAN INFORMATION : IF ATTACHING AN RX, PLEASE INCLUDE THE ICD-9 CODE AND PHYSICIAN SIGNATURE**

Physician Name:	Specialty:	Contact Name:
Physician Address:	Phone#:	Secure Fax#:
Physician UPIN#: Physician NPI#:	Physician's DEA#:	License#:

**SHIPPING INFORMATION**

**PATIENT MEDICAL INFORMATION**

Ship To: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Patient's Home (No PO Boxes Please) <input type="checkbox"/> Other	Allergies (Including Food):		
	Current Medication Profile: (Include OTCs & Herbals)		
	Drug	Dose	Directions



CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

Drug names are the property of their respective owners

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