Publix Specialty Pharmacy #3213
ORAL ONCOLOGY: BREAST CANCER

1950 Sand Lake Road, Bldg 5
Orlando, FL 32809
Phone: 855-797-8254
Fax: 863-413-5723

PATIENT INFORMATION [Attach copy of front and back of prescription insurance card(s)]

Patient's First Name: _____ Patient's Last Name: _____ Date of Birth: ___/___/_____ ☐Male ☐Female

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: (_____) _____ Alt. Phone Number: (_____) _____ Caregiver name: _____

CLINICAL INFORMATION [Attach copy of labs and clinical notes]

Diagnosis code: _____ Diagnosis: ☐Breast Cancer ☐Other: _____ HER2: ☐Positive ☐Negative

Treatment status: ☐New to therapy ☐Continuation of therapy, start date: ___/___/_____ Hormone receptor: ☐ER positive ☐ER negative

Advanced/ metastatic disease: ☐Yes ☐No Weight: _____☐kg ☐lb, Height: _____☐cm ☐in ☐PR positive ☐PR negative

Prior therapies, treatment dates, and reason for discontinuation: _____

Other pertinent past medical history and/or drug therapy: _____

Allergies: ☐ NKDA ☐Other: _____

MEDICATION	DOSE/STRENGTH	DIRECTIONS	DISPENSE QTY/ DAYS	REFILLS
☐ Afinitor (everolimus)	☐ 10 mg tablet ☐ 7.5 mg tablet ☐ 5 mg tablet ☐ 2.5 mg tablet	☐ Take 1 tab PO once daily with a full glass of water ☐ Other: _____	☐28 days ☐_____	_____
☐ Kisqali (ribociclib)	200 mg tablet	☐ Take 600 mg (3 tabs) PO once daily with or without food for 21 days on, then 7 days off ☐ Take 400 mg (2 tabs) PO once daily with or without food for 21 days on, then 7 days off ☐ Take 200 mg (1 tab) PO once daily with or without food for 21 days on, then 7 days off ☐ Other: _____	☐28 day cycle ☐_____	_____
☐ Piqray (alpelisib)	☐ 300 mg dose	Take 300 mg (2 x 150 mg tabs) PO once daily with food	☐28 days ☐_____	_____
	☐ 250 mg dose	Take 250 mg (1 x 200 mg tab and 1 x 50 mg tab) PO once daily with food		
	☐ 200 mg dose	Take 200 mg (1 tab) PO once daily with food		
☐ Tykerb (lapatinib)	250 mg tablet	☐ Take 1,500 mg (6 tabs) PO once daily at least 1 hour before or after food	30 days	_____
		☐ Take 1,250 mg (5 tabs) PO once daily at least 1 hour before or after food	21 days	_____
		☐ Other: _____	_____	_____
☐ Xeloda (capecitabine) Patient's BSA: _____ m^2	☐ 500 mg tablet ☐ 150 mg tablet	☐ Take _____ mg PO every 12 hours with food for 14 days on, then 7 days off ☐ Other: _____	☐21 day cycle ☐_____	_____
☐ Arimidex (anastrozole)	1 mg tablet	Take 1 tab PO once daily with or without food	☐30 days ☐_____	_____
☐ Aromasin (exemestane)	25 mg tablet	Take 1 tab PO once daily after a meal		
☐ Femara (letrozole)	2.5 mg tablet	Take 1 tab PO once daily with or without food		
☐ Evista (raloxifene)	60 mg tablet	Take 1 tab PO once daily with or without food	☐30 days ☐_____	_____
☐ Fareston (toremifene)	60 mg tablet	Take 1 tab PO once daily with or without food		
☐ Nolvadex (tamoxifen)	☐ 20 mg tablet	☐ Take 1 tab PO BID with or without food		
☐ Other: _____	_____	_____	_____	_____

PRESCRIBER INFORMATION Ship to prescriber: ☐ Never ☐Always ☐First fill only, appointment date: ___/___/_____ Using Cover My Meds: ☐No ☐Yes

Name: _____ DEA# _____ NPI # _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone Number: (_____) _____ Fax Number: (_____) _____ Office Contact: _____

I authorize Publix Pharmacy representatives to act on behalf of the prescriber to initiate and complete the insurance prior authorization process.

Prescriber's signature: _____ _____
(stamps not accepted) ☐Substitution allowed Date ☐Dispense as written/ Do not substitute Date

For states requiring hand written expressions to prevent substitution, write here: