**LOVELACE SPECIALTY PHARMACY**

500 Walter St Suite 202B Albuquerque, NM 87102

Ph: (505) 727-4532 Toll Free: (888) 727-4530 Fax: (505) 727-2911

**Patient Information**

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Last Name

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Date of Birth

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City State Zip

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Phone number

**Prescriber Information:**

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Prescriber Name

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Prescriber Address

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City State Zip

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Phone Number

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Fax Number

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DEA#

**Insurance Information (fax copy ofcard)**

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Subscriber Name

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Group #

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ID#

**Prescription**

**Revlimid** (lenalidomide) **Thalomid** (thalidomide) **Pomalyst** (pomalidomide)

Dispense \_\_\_\_\_\_\_\_\_\_Capsules Dispense \_\_\_\_\_28\_\_\_\_\_ Capsules Dispense\_\_\_\_\_\_\_\_\_\_ Capsules

□ 2.5mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 50mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 1mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ 5mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 100mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 2mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ 10mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 150mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 3mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ 15mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 200mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 4mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ 25mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Adult Female-NOT of Reproductive Potential □ Adult Female of Reproductive Potential

□ Adult Male □ Female Child-NOT of Reproductive Potential

□ Female Child of Reproductive Potential □ Male Child

SSN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELGENE AUTHORIZATION NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OBTAINED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELGENE CONFIRMATION NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OBTAINED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Afinitor** (everolimus) **Xeloda** (capecitabine) **Gleevec** (imatinib)

\*dispensed in quantities of 28 Dispense \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refills\_\_\_\_\_\_\_\_\_\_ Dispense\_\_\_\_\_\_\_\_\_\_\_\_\_ Refills\_\_\_\_\_\_\_\_\_\_\_

-QS for one month □ 150mg-Take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 100mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ 2.5mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 500mg-Take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dispense # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ 5mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 400mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ 10mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dispense # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sprycel** (dasatinib) **Sutent** (sunitinib) **Tykerb 250mg** (lapatinib)

Dispense \_\_\_\_\_\_\_\_\_\_\_ Refills\_\_\_\_\_\_\_\_\_ Dispense \_\_\_\_\_\_\_\_\_\_Refills\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dispense\_\_\_\_\_\_\_\_\_\_ Refills \_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Take 100mg by mouth daily □ Take 50mg by mouth daily □ QS for 1 month

□ Take 140mg by mouth daily □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Directions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*with or without food 4 weeks on and 2 weeks off\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tarceva** (Erlotinib) **Tasigna** (nilotinib) **Zolinza** (vorinostat)

Dispense \_\_\_\_\_\_\_\_\_\_ Refills\_\_\_\_\_\_\_\_\_\_ \*Dispense in multiples of 28\* Dispense \_\_\_\_\_\_\_\_\_\_\_ Refills \_\_\_\_\_\_\_\_\_\_\_\_

□ 25mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ QS for one month with \_\_\_\_\_\_\_ Refills □ Take 100mg by mouth daily with

□ 100mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 150mg-Take 2 capsules by mouth twice daily food

□ 150mg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 200mg-Take 2 capsules by mouth twice daily □ Take 400mg by mouth daily with

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ food

\*Taken one hour before or two hours after a meal\* \*Take 12 hours apart on an empty stomach\* □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Temodar** (temozolomide) **Votrient** (pazopanib) **Prescriber Signature:**

Dispense \_\_\_\_\_\_\_\_\_ Refills \_\_\_\_\_\_\_\_\_\_ Dispense \_\_\_\_\_\_\_\_\_\_ Refills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ 5mg □ 20mg □ 100mg □ 200mg- Take one tablet by mouth daily

□140mg □180mg □250mg □ 400mg- Take 2 tablets by mouth daily **Date:**

Directions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 800mg- Take 4 tablets by mouth daily \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_