Fountain Valley Medical Center Pharmacy Oncology Prescription Form

***Prior authorization support: Submit most up to date Progress Notes to our fax at 714-979-0532.**

Patient Information	Prescriber Information		
Name: ☐ Male ☐Female	**Pharmacy Info:** **We accept E-Script** **NPI: 1336290527**	Fountain Valley Medical Center Pharmacy 11100 Warner Ave. Suite 1 Fountain Valley, CA 92708	Today's Date: Need By Date:
Date of Birth:	**Prescriber Name:** **DEA:** **Address:**		Deliver to (free): ☐ Patient ☐_____
SSN:	**Contact Person:**		
Address:			
City, State, ZIP Code:			
Phone:			
Patient Diagnosis: ICD-10 Code: Date of Diagnosis:	Weight: Height: Albumin: Allergies:		

Prescription Information

INJECTABLES

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
☐ Aranesp® (darbepoetin alfa)	☐ 25 mcg/ml ☐ 40 mcg/ml ☐ 60 mcg/ml ☐ 100 mcg/ml ☐ 150 mcg/ml ☐ 200 mcg/ml ☐ 300 mcg/ml ☐ 500 mcg/ml			
☐ Arixtra® (fondaparinux sodium)	☐ 2.5 mg/0.5ml ☐ 5mg/0.4 ml ☐ 7.5 mg/0.6 ml ☐ 10 mg/0.8ml			
☐ Fragmin® (dalteparin sodium)	☐ 2500IU/0.2 ml ☐ 5000IU/0.2ml ☐ 7500IU/0.3 ml ☐ 10000 IU/1ml ☐ 12500IU/0.5ml ☐ 18000IU/0.72ml ☐ 25000IU/1ml			
☐ Kadcyla® (ado-trastuzumab emtansine)	☐ 100 mg ☐ 160 mg			
☐ Lovenox® (enoxaparin sodium)	☐ 30 mg/0.3 ml ☐ 40 mg/0.4 ml ☐ 60 mg/0.6 ml ☐ 80 mg/0.8 ml ☐ 100 mg/1 ml ☐ 120 mg/ 0.8 ml ☐ 150 mg/ 1 ml			
☐ Lupron® (leuprolide)	☐ 3.75 mg ☐ 7.5 mg ☐ 11.25 mg ☐ 15 mg ☐ 22.5 mg ☐ 30 mg ☐ 45 mg			
☐ Neulasta® (pegfilgrastim)	☐ 6 mg/0.6 ml			
☐ Neupogen® (filgrastim)	☐ 300 mcg/0.5ml ☐ 480 mcg/0.8ml			
☐ Nplate® (romiplostim)	☐ 250 mcg/0.5ml ☐ 500 mcg/1 ml			
☐ Procrit® (epoetin alfa)	☐ 2000 U/1ml ☐ 3000 U/1ml ☐ 4000 U/1ml ☐ 10000 U/1ml ☐ 20000 U/ml ☐ 40000 U/1 ml			
☐ Zometa® (zoledronic acid)	☐ 4 mg/5ml ☐ 4 mg/100ml			
☐ Granix® (filgrastim) Other Drug	☐300mcg/0.5ml ☐480mcg/0.8ml			

•FOUNTAIN VALLEY MEDICAL CENTER PHARMACY•
11100 WARNER AVE., FOUNTAIN VALLEY, CA 92708
(714) 979-9600 • FAX (714) 979-0532

Download Fillable forms on our website at www.fvmcp.com

Prescription Information				
ANTIEMETICS				
MEDICATION	**STRENGTH**	**DIRECTIONS**	**QTY**	**REFILLS**
☐ Compazine® (prochlorperazine)	□ 5 mg □ 10 mg □ 25 mg suppository			
☐ Emend (aprepitant)	□ 40 mg □ 80 mg □125 mg			
☐ Reglan® (metoclopramide)	□ 5 mg □10 mg			
☐ Sancuso® Patch (granisetron)	□ 3.1 mg / 24 hr			
☐ Other: _____				

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Prescription Information				
ORAL MEDICATIONS				
Medication	STRENGTH	DIRECTIONS	QTY	REFILLS
☐ Arimidex®	☐ 1 mg			
☐ Aromasin®	☐ 25 mg			
☐ Afinitor®	☐ 2.5 mg ☐ 7.5 mg ☐ 5 mg ☐ 10 mg			
☐ Femara®	☐ 2.5 mg			
☐ Gleevec®	☐ 100 mg ☐ 400 mg			
☐ Sprycel®	☐ 20 mg ☐ 50 mg ☐ 70 mg ☐ 100 mg			
☐ Tasigna®	☐ 150 mg ☐ 200 mg			
☐ Temodar®	☐ 5 mg ☐ 100 mg ☐ 180 mg ☐ 20 mg ☐ 140 mg ☐ 250 mg			
☐ Xeloda®	☐ 150 mg ☐ 500 mg			
☐ Zytiga®	☐ 250 mg			
☐ Prednisone	☐ 1 mg ☐ 2.5 mg ☐ 5 mg ☐ 10 mg ☐ 20 mg			
☐ Magic Mouth Wash	(Lidocaine/Maalox/Benadryl 1:1:1) ☐ 4 oz x ____units			

By signing below, the prescriber gives consent to both the prescription(s) above, as to Fountain Valley Medical Center Pharmacy to act as the prescriber's agent to begin and execute the prior authorization process, and to help the patient apply to co-pay assistance programs, including all foundations and manufacturer assistance programs if necessary.

Prescriber Signature:_____ Date:_____ □ Do Not Substitute

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