CHARTWELL Pharmacy

ORAL ONCOLOGY (G-M)

Chartwell Specialty Pharmacy
Phone: 1-800-366-6020 Fax: 412-920-1869

Date: _____ SOC Date: _____ ☐ Home Infusion ☐ Office Infusion Auth #: _____ Auth Dates: _____ ☐ UPMC prior auth form attached

PATIENT INFORMATION

First Name: _____ Last Name: _____ DOB: _____ SSN: _____ ☐ Male ☐ Female

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

Phone: _____ Alternate Phone: _____ Caregiver/ Emergency Contact: _____ Phone: _____

Weight: _____ Allergies: _____ Latex Allergy: ☐ Yes ☐ No

INSURANCE INFORMATION

Primary Insurance: _____

Insured: _____

Phone: _____

Policy #: _____ Group #: _____

Secondary Insurance: _____

Insured: _____

Phone: _____

Policy #: _____ Group #: _____

ICD 10

ICD 10 Code: Diagnosis:

PRESCRIPTION INFORMATION

- ☐ Gavreto (pralsetinib)
- ☐ Gazyva (obinutuzumab)
- ☐ Gilotrif (afatinib)
- ☐ Gleevec (imatinib)
- ☐ Gleostine (lomustine)
- ☐ Gomekli (mirdametinib)
- ☐ Hemady (dexamethasone)
- ☐ Hemangeol (propranolol)
- ☐ Hernexeos (zongertinib)
- ☐ Hycamtin (topotecan)
- ☐ Ibrance (palbociclib)
- ☐ Ibtrozi (taletrectinib)
- ☐ Iclusig (ponatinib)
- ☐ Idhifa (enasidenib)
- ☐ Imbruvica (ibrutinib)
- ☐ Imdeltra (tarlatamab)
- ☐ Imfinzi (durvalumab)
- ☐ Imjudo (tremelimumab)
- ☐ Imkeldi
- ☐ Inluriyo (imlunestrant)
- ☐ Inlyta (axitinib)
- ☐ Inqovi (decitabine & cedazuridine)
- ☐ Inrebic (fedratinib)
- ☐ Iressa (elafibranor)
- ☐ Istodax (romidepsin)
- ☐ Itovebi (inavolisib)
- ☐ Jadenu (deferasirox)
- ☐ Jakafi (ruxolitinib)
- ☐ Jaypirca (pirtobrutinib)
- ☐ Jelmyto (mitomycin)
- ☐ Kadcyla (ado-trastuzumab)
- ☐ Keytruda (pembrolizumab)
- ☐ Khapzory (levoleucovorin)
- ☐ Kimmtrak (tebentafusp)
- ☐ Kisqali (ribociclib)
- ☐ Komzifti (ziftomenib)
- ☐ Koselugo (selumetinib)
- ☐ Krazati (adagrasib)
- ☐ Kyprolis (carfilzomib)
- ☐ Lazcluze (lazertinib)
- ☐ Lenvima (lenvatinib)
- ☐ Libtayo (cemiplimab)
- ☐ Lonsurf (trifluridine-tipiracil)
- ☐ Loqtorzi (toriplaimab)
- ☐ Lorbrena (lorlatinib)
- ☐ Lumakras (sotorasib)
- ☐ Lynparza (olaparib)
- ☐ Lytgobi (futibatinib)
- ☐ Margenza (margetuximab)
- ☐ Mekinist (trametinib)
- ☐ Mektovi (binimetinib)
- ☐ Monjuvi (tafasitamab)
- ☐ Mylotarg (gemtuzumab, ozogamicin)

☐ Other:_____

Dose/ Strength	Directions	Quantity	Refills

PRESCRIBER INFORMATION

Date Shipment Needed: _____ Ship to: ☐ Patient ☐ Physician/ Clinic ☐ Other: _____

Physician's Name: _____ Office Contact Name: _____ Phone: _____ Fax: _____

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

Physician's Signature: _____ Date: _____

I authorize Chartwell Pennsylvania, LP and its representatives to act as an agent and execute the insurance prior authorization process.

Updated: 12/11/25