CHARTWELL Pharmacy

ORAL ONCOLOGY (T-Z)

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

- ☐ Tabloid (thioguanine)
- ☐ Tabrecta (capmatinib)
- ☐ Tafinlar (dabrafenib)
- ☐ Tagrisso (osimertinib)
- ☐ Talzenna (talazoparib)
- ☐ Tarceva (erlotinib)
- ☐ Targretin (bexarotene)
- ☐ Tasigna (nilotinib)
- ☐ Tavalisse (fostamatinib)
- ☐ Tazverik (tazemetostat)
- ☐ Tecentriq (atezolizumab)
- ☐ Temodar (temozolomide)
- ☐ Tepmetko (tepotinib)
- ☐ Tibsovo (ivosidenib)
- ☐ Tivdak (tisotumab)
- ☐ Truqap (capivaserib)
- ☐ Truseltiq (infigratinib)
- ☐ Tukysa (tucatinib)
- ☐ Tykerb (lapatinib)
- ☐ Valstar (valrubicin)
- ☐ Vanflyta (quizartinib)
- ☐ Velcade (bortezomib)
- ☐ Venclexta (venetoclax)
- ☐ Verzenio (abemaciclib)
- ☐ Vijoice (alpelisib)
- ☐ Vitrakvi (larotrectinib)
- ☐ Vizimpro (dacomitinib)
- ☐ Vonjo (pacritinib)
- ☐ Voranigo (vorasidenib)
- ☐ Votrient (pazopanib)
- ☐ Vyloy (zolbetuximab)
- ☐ Welireg (belzutifan)
- ☐ Xalkori (crizotinib)
- ☐ Xeloda (capecitabine)
- ☐ Xermelo (telotristat ethyl)
- ☐ Xospata (gilteritinib)
- ☐ Xpovio (selinexor)
- ☐ Xtandi (enzalutamide)
- ☐ Yervoy (ipilimumab)
- ☐ Yondelis (trabectedin)
- ☐ Yonsa (abiraterone acetate)
- ☐ Zaltrap (ziv-alifbercept)
- ☐ Zejula (niraparib)
- ☐ Zelboraf (vemurafenib)
- ☐ Zepzelca (lurbinectedin)
- ☐ Zolinza (vorinostat)
- ☐ Zydelig (idelalisib)
- ☐ Zykadia (ceritinib)
- ☐ Zynyz (retifanlimab)
- ☐ Zytiga (abiraterone acetate)

☐ 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