

Oral Rx Oncology Referral Form

Patient Information (REQUIRED)

Date: _____

Patient Name: _____ Date of Birth: _____ Sex: M F Last 4 Digits of SSN: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Ph: _____ Cell Ph: _____ Email: _____
 Patient Weight: _____ lbs. Patient Height: _____ Allergies: _____

Pharmacy Benefit Manager (REQUIRED) Please provide copies of both sides of the patient's card(s)

PBM Name: _____ Rx BIN# _____ PCN#: _____
 Rx Group# _____ Member ID#: _____

Medical/Health Insurance Info. (REQUIRED) Please provide copies of both sides of the patient's card(s)

Primary: _____ Policy Holder: _____ Policy # _____ Ph: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Secondary: _____ Policy Holder: _____ Policy # _____ Ph: _____
 Address: _____ City: _____ State: _____ Zip: _____

RX PRESCRIPTION

<input type="checkbox"/> Abiraterone Acetate	<input type="checkbox"/> Dasatinib	<input type="checkbox"/> Imbruvica® (ibrutinib) Tablets	<input type="checkbox"/> Lumakras™ (sotorasib)	<input type="checkbox"/> Promacta® (eltrombopag)	<input type="checkbox"/> Tazverik® (tazemetostat)	<input type="checkbox"/> Voydeya™ (danicopan)
<input type="checkbox"/> Afinitor® (everolimus)	<input type="checkbox"/> Daurismo™ (glasdegib)	<input type="checkbox"/> Inlyta® (axitinib)	<input type="checkbox"/> Lytgobi® (futibatinib)	<input type="checkbox"/> Retevmo® (selpercatinib)	<input type="checkbox"/> Temodar® (temozolomide)	<input type="checkbox"/> Welireg™ (belzutifan)
<input type="checkbox"/> Akeega™ (miraparib and abiraterone acetate)	<input type="checkbox"/> Deferasirox	<input type="checkbox"/> Inqovi® (decitabine and cedazuridine)	<input type="checkbox"/> Mekinist® (trametinib)	<input type="checkbox"/> Revlimid® (lenalidomide)	<input type="checkbox"/> Temozolomide	<input type="checkbox"/> Xalkori® (crizotinib)
<input type="checkbox"/> Akynzeo® (netupitant & palonosetron)	<input type="checkbox"/> Erivedge® (vismodegib)	<input type="checkbox"/> Inrebic® (fedratinib)	<input type="checkbox"/> Mektovi® (binimetinib)	<input type="checkbox"/> Revuforj® (revumenib)	<input type="checkbox"/> Thalomid® (thalidomide)	<input type="checkbox"/> Xeloda™ (capecitabine)
<input type="checkbox"/> Alecensa® (alelectinib)	<input type="checkbox"/> Erleada™ (apalutamide)	<input type="checkbox"/> Itovebi™ (inavolisib)	<input type="checkbox"/> Nerlynx® (neratinib)	<input type="checkbox"/> Rezurock™ (belumosudil)	<input type="checkbox"/> Tibsovo® (ivosidenib)	<input type="checkbox"/> Xospata® (gilteritinib)
<input type="checkbox"/> Alunbrig® (brigatinib)	<input type="checkbox"/> Erlotinib	<input type="checkbox"/> Jakafi® (ruxolitinib)	<input type="checkbox"/> Nexavar® (sorafenib)	<input type="checkbox"/> Rozytrek™ (entrectinib)	<input type="checkbox"/> Truqap™ (capivasertib)	<input type="checkbox"/> Xpovio™ (selinexor)
<input type="checkbox"/> Aromasin® (exemestane)	<input type="checkbox"/> Everolimus	<input type="checkbox"/> Jaypirca™ (pirtobrutinib)	<input type="checkbox"/> Ninlaro® (ixazomib)	<input type="checkbox"/> Rydapt® (midostaurin)	<input type="checkbox"/> Tukysa™ (tucatinib)	<input type="checkbox"/> Xtandi® (enzalutamide) Capsules
<input type="checkbox"/> Avmapki™ Fakzynja™ (avutemetinib; defactinib)	<input type="checkbox"/> Fabhalta® (iptacopan)	<input type="checkbox"/> Kisqal® (ribociclib)	<input type="checkbox"/> Nubeqa® (darolutamide)	<input type="checkbox"/> Scemblix® (asciminib)	<input type="checkbox"/> Tykerb® (lapatinib)	<input type="checkbox"/> Xtandi® (enzalutamide) Tablets
<input type="checkbox"/> Ayvakit® (avapritinib)	<input type="checkbox"/> Fotivda® (tivozanib)	<input type="checkbox"/> Koselugo™ (selumetinib)	<input type="checkbox"/> Odomzo® (sonidegib)	<input type="checkbox"/> Sprycel® (dasatinib)	<input type="checkbox"/> Vanflyta® (quizartinib)	<input type="checkbox"/> Yonsa® (abiraterone acetate)
<input type="checkbox"/> Bexarotene	<input type="checkbox"/> Fruzaqla™ (fruquintinib)	<input type="checkbox"/> Krazati™ (adagrasib)	<input type="checkbox"/> Ogsiveo™ (nirogacestat)	<input type="checkbox"/> Stivarga® (regorafenib)	<input type="checkbox"/> Vanrafia™ (atrasentan)	<input type="checkbox"/> Zelboraf® (vemurafenib)
<input type="checkbox"/> Bosulif® (bosutinib)	<input type="checkbox"/> Gleevec® (imatinib mesylate)	<input type="checkbox"/> Lapatinib	<input type="checkbox"/> Ojemda™ (tovorafenib)	<input type="checkbox"/> Sunitinib Malate	<input type="checkbox"/> Venclexta® (venetoclax)	<input type="checkbox"/> Zolanza® (vorinostat)
<input type="checkbox"/> Braftovi™ (encorafenib)	<input type="checkbox"/> Gomekii™ (mirdametinib)	<input type="checkbox"/> Lazcluze™ (lazertinib)	<input type="checkbox"/> Ojjaara™ (momelotinib)	<input type="checkbox"/> Sutent® (sunitinib malate)	<input type="checkbox"/> Verzenio® (abemaciclib)	<input type="checkbox"/> Zydelig® (idelalisib)
<input type="checkbox"/> Brukinsa™ (zanubrutinib)	<input type="checkbox"/> Hycamtin® (topotecan)	<input type="checkbox"/> Lenalidomide	<input type="checkbox"/> Orgovyo® (relugolix)	<input type="checkbox"/> Tafinlar® (dabrafenib)	<input type="checkbox"/> Vizimpro® (dacomitinib)	<input type="checkbox"/> Zykadia™ (ceritinib)
<input type="checkbox"/> Calquence® Tablets (acalabrutinib)	<input type="checkbox"/> Ibrance® (palbociclib) Tablets	<input type="checkbox"/> Lenvima® (lenvatinib)	<input type="checkbox"/> Orserdu™ (elacestrant)	<input type="checkbox"/> Talzenna® (talazoparib)	<input type="checkbox"/> Vonjo™ (pacritinib)	<input type="checkbox"/> Zytiga® (abiraterone acetate)
<input type="checkbox"/> Capecitabine	<input type="checkbox"/> Imatinib Mesylate	<input type="checkbox"/> Lonsurf® (trifluridine and tipiracil)	<input type="checkbox"/> Piqray® (alpelisib)	<input type="checkbox"/> Targretin® (bexarotene)	<input type="checkbox"/> Voranigo® (vorasidenib)	<input type="checkbox"/> Other
<input type="checkbox"/> Cotellic® (cobimetinib)	<input type="checkbox"/> Imbruvica® (ibrutinib) Capsules	<input type="checkbox"/> Lorbrena® (lorlatinib)	<input type="checkbox"/> Pomalyst® (pomalidomide)	<input type="checkbox"/> Tassigna® (nilotinib)	<input type="checkbox"/> Votrient® (pazopanib)	

STRENGTH	SIG	QUANTITY	REFILLS

DX INFO.

Diagnosis Information (For PA & Funding Support) Please include a complete list of medications and prior therapies with this order

Primary Dx: _____ Dx Date (needed for funding): _____ ICD-10: _____
 Secondary Dx: _____ Dx Date (needed for funding): _____ ICD-10: _____

REQUIRED PHYSICIAN INFO.

Physician Information

Prescriber name: _____ Contact: _____
 Email: _____ Street: _____ City: _____
 State: _____ Zip: _____ Ph: _____ Fax: _____ NPI #: _____
 Tax ID # (needed for funding): _____ Prescriber Signature (required by law): _____ Date: _____
 Prescription will be filled with generic unless prescriber writes "DAW" (dispense as written) in the box

SHIPPING INFO

Shipping Instructions

Ship to: Physician's Office Patient's Home Other _____ Date Required: _____

State law for MO/NY/OH/VA/VT allows only 1 medication per order form. Please use a new form for additional medications.