

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"/> Afinitor® (everolimus)	<input type="checkbox"/> Brukinsa® (zanubrutinib)	<input type="checkbox"/> Fruzaqla® (fruquintinib)	<input type="checkbox"/> Inluriyo™ (imlunestran)	<input type="checkbox"/> Lazcluze® (lazertinib)	<input type="checkbox"/> Nexavar® (sorafenib)
<input type="checkbox"/> Akeega® (niraparib and abiraterone acetate)	<input type="checkbox"/> Calquence® (acalabrutinib)	<input type="checkbox"/> Gavreto® (pralsetinib)	<input type="checkbox"/> Inlyta® (axitinib)	<input type="checkbox"/> Lenvima® (lenvatinib)	<input type="checkbox"/> Ninlaro® (ixazomib)
<input type="checkbox"/> Akynzeo® (netupitant & palonosetron)	<input type="checkbox"/> Cotellic® (cobimetinib)	<input type="checkbox"/> Gleevec® (imatinib mesylate)	<input type="checkbox"/> Inqovi® (decitabine and cedazuridine)	<input type="checkbox"/> Lifyorli™ (relacorilant)	<input type="checkbox"/> Nubeqa® (darolutamide)
<input type="checkbox"/> Alecensa® (alelectinib)	<input type="checkbox"/> Dasatinib	<input type="checkbox"/> Gomekli® (mirdametinib)	<input type="checkbox"/> Inrebic® (fedratinib)	<input type="checkbox"/> Lonsurf® (trifluridine and tipiracil)	<input type="checkbox"/> Odomzo® (sonidegib)
<input type="checkbox"/> Alunbrig® (brigatinib)	<input type="checkbox"/> Daurismo™ (glasdegib)	<input type="checkbox"/> Hernexeos® (zongertinib)	<input type="checkbox"/> Itovebi™ (inavolisib)	<input type="checkbox"/> Lorbrina® (lorlatinib)	<input type="checkbox"/> Ogsiveo® (nirogacestat)
<input type="checkbox"/> Aromasin® (exemestane)	<input type="checkbox"/> Deferasirox	<input type="checkbox"/> Hyrnuo® (sevabertinib)	<input type="checkbox"/> Jakafi® (ruxolitinib)	<input type="checkbox"/> Lumakras® (sotorasib)	<input type="checkbox"/> Ojemda™ (tovorafenib)
<input type="checkbox"/> Augtyro™ (repotrectinib)	<input type="checkbox"/> Erivedge® (vismodegib)	<input type="checkbox"/> Ibrance® (palbociclib) Capsules	<input type="checkbox"/> Jaypirca® (pirtobrutinib)	<input type="checkbox"/> Lytgobi® (futibatinib)	<input type="checkbox"/> Ojjaara™ (mometotinib)
<input type="checkbox"/> Avmapki™ Fakzynja™ (avutometinib; defactinib)	<input type="checkbox"/> Erleada® (apalutamide)	<input type="checkbox"/> Ibrance® (palbociclib) Tablets	<input type="checkbox"/> Kisqali® (ribociclib)	<input type="checkbox"/> Mekinist® (trametinib)	<input type="checkbox"/> Orgovyx® (relugolix)
<input type="checkbox"/> Ayvakit® (avapritinib)	<input type="checkbox"/> Everolimus	<input type="checkbox"/> Ibrozi™ (taletrectinib)	<input type="checkbox"/> Komzifti™ (ziftomenib)	<input type="checkbox"/> Mektovi® (binimetinib)	<input type="checkbox"/> Orserdu® (elacestrant)
<input type="checkbox"/> Bosulif® (bosutinib)	<input type="checkbox"/> Fabhalta® (iptacopan)	<input type="checkbox"/> Imbruvica® (ibrutinib) Capsules	<input type="checkbox"/> Koselugo® (selumetinib)	<input type="checkbox"/> Modeyso™ (dordaviprone)	<input type="checkbox"/> Phyrago™ (dasatinib)
<input type="checkbox"/> Braftovi® (encorafenib)	<input type="checkbox"/> Fotivda® (tivozanib)	<input type="checkbox"/> Imbruvica® (ibrutinib) Tablets	<input type="checkbox"/> Krazati® (adagrasib)	<input type="checkbox"/> Nerlynx® (neratinib)	<input type="checkbox"/> Pomalyst® (pomalidomide)
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.

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

RX PRESCRIPTION	<input type="checkbox"/> Promacta® (eltrombopag)	<input type="checkbox"/> Sprycel® (dasatinib)	<input type="checkbox"/> Temozolomide	<input type="checkbox"/> Vizimpo® (dacomitinib)	<input type="checkbox"/> Xtandi® (enzalutamide) Capsules	<input type="checkbox"/> Zolanza® (vorinostat)	
	<input type="checkbox"/> Qinlock® (ripretinib)	<input type="checkbox"/> Stivarga® (regorafenib)	<input type="checkbox"/> Thalomid® (thalidomide)	<input type="checkbox"/> Vonjo® (pacritinib)	<input type="checkbox"/> Xtandi® (enzalutamide) Tablets	<input type="checkbox"/> Zydelig® (idelalisib)	
	<input type="checkbox"/> Retevmo® (selpercatinib)	<input type="checkbox"/> Sutent® (sunitinib malate)	<input type="checkbox"/> Tibsovo® (ivosidenib)	<input type="checkbox"/> Voranigo® (vorasidenib)	<input type="checkbox"/> Yonsa® (abiraterone acetate)	<input type="checkbox"/> Zykadia® (ceritinib)	
	<input type="checkbox"/> Revlimid® (lenalidomide)	<input type="checkbox"/> Tabrecta® (capmatinib)	<input type="checkbox"/> Truqap® (capivasertib)	<input type="checkbox"/> Votrient® (pazopanib)	<input type="checkbox"/> Zelboraf® (vemurafenib)	<input type="checkbox"/> Zytiga® (abiraterone acetate)	
	<input type="checkbox"/> Revuforj® (revumenib)	<input type="checkbox"/> Tarceva® (erlotinib)	<input type="checkbox"/> Tukysa® (tucatinib)	<input type="checkbox"/> Voydeya™ (danicopan)	<input type="checkbox"/> Other		
	<input type="checkbox"/> Rezlidhia® (olutasidenib)	<input type="checkbox"/> Tafinlar® (dabrafenib)	<input type="checkbox"/> Tykerb® (lapatinib)	<input type="checkbox"/> Wayrilz™ (rilzabrutinib)			
	<input type="checkbox"/> Rezurock® (belumosudil)	<input type="checkbox"/> Talzenna® (talazoparib)	<input type="checkbox"/> Vanflyta® (quizartinib)	<input type="checkbox"/> Welireg® (belzutifan)			
	<input type="checkbox"/> Romvimza™ (vimseltinib)	<input type="checkbox"/> Targretin® (bexarotene)	<input type="checkbox"/> Vanrafia® (atrasentan)	<input type="checkbox"/> Xalkori® (crizotinib)			
	<input type="checkbox"/> Rozlytrek® (entrectinib)	<input type="checkbox"/> Tassigna® (nilotinib)	<input type="checkbox"/> Venclexta® (venetoclax)	<input type="checkbox"/> Xeloda® (capecitabine)			
	<input type="checkbox"/> Rydapt® (midostaurin)	<input type="checkbox"/> Tavalisse® (fostamatinib disodium hexahydrate)	<input type="checkbox"/> Verzenio® (abemaciclib)	<input type="checkbox"/> Xospata® (gilteritinib)			
<input type="checkbox"/> Scemblix® (asciminib)	<input type="checkbox"/> Temodar® (temozolomide)	<input type="checkbox"/> Vistogard® (uridine triacetate)	<input type="checkbox"/> Xpovio® (selinexor)				
STRENGTH		SIG		QUANTITY			REFILLS

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Prescription will be filled with generic unless prescriber writes "DAW" (dispense as written) in the box <div style="border: 1px solid black; width: 80px; height: 25px; display: inline-block; margin-left: 10px;"></div>		

SHIPPING INFO.	Shipping Instructions
	Ship to: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Patient's Home <input type="checkbox"/> Other _____ Date Required: _____

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