CEDRA

ONCOLOGY
ORAL MEDICATIONS
REFERRAL FORM

FAX: 888.889.7129
TOLL FREE: 844.233.7279
CEDRASPECIALTY.COM

PATIENT INFORMATION

Patient Name: DOB: Preferred Phone:

SSN#: Language: English Other

Address: Sex: Male Female Height: Weight: lbs kg

City: State: Zip: Known Allergies:

*** PLEASE FAX FRONT/BACK COPY OF PHARMACY BENEFIT CARD, MEDICAL INSURANCE CARD, NOTES, LABS & TESTS WITH THE PRESCRIPTION TO EXPEDITE PROCESSING ***

PRESCRIBER INFORMATION

Prescriber Name: DEA#: NPI#: Tax ID#:
Address: Phone: E-mail:
City: State: Zip: Key Contact: Phone: Fax:
STATUS UPDATE PREFERENCE: Phone Text Fax E-mail:

DIAGNOSIS/CLINICAL INFORMATION

Diagnosis (ICD-10): BSA: m^2
Code: Description:
Code: Description:

PRESCRIPTION INFORMATION

MEDICATION:

REVLIMID REMS™ Program*	Physician Auth #:	Date:	Diagnosis:	MDS D46.9
POMALYST REMS™ Program	Physician Auth #:	Date:		MM C90.00
THALOMID REMS™ Program	Physician Auth #:	Date:		MCL C83.10

Pregnancy Category:

Adult Female – Reproductive Potential	Adult Female – NOT of Reproductive Potential	Adult Male
Female Child – Reproductive Potential	Female Child – NOT of Reproductive Potential	Male Child

AFINITOR® (everolimus)	IRESSA® (gefitinib)	SPRYCEL® (dasatinib)	TYKERB® (lapatinib)
AFINITOR® DISPERZ (everolimus)	JAKAFI® (ruxolitinib)	STIVARGA® (regorafenib)	VOTRIENT® (pazopanib)
ALECENSA® (alectinib)	LONSURF® (trifluridine & tipiracil)	SUTENT® (sunitinib malate)	XALKORI® (crizotinib)
BOSULIF® (bosutinib)	MEKINIST® (trametinib)	TAFINLAR® (dabrafinib)	XELODA® (capecitabine)
COTELLIC® (cobimetinib)	NEXAVAR® (sorafenib)	TAGRISSO™ (osimertinib)	XTANDI® (enzalutamide)
ERIVEDGE® (vismodegib)	NINLARO® (ixazomib)*	TARCEVA® (erlotinib HCl)*	ZELBORAF® (vemurafenib)
GLEEVEC® (imatinib mesylate)	ODOMZO® (sonidegib)	TARGRETIN® Capsules (bexarotene)	ZOLINZA® (vorinostat)
HYCAMTIN® Capsules (topotecan)	POMALYST® (pomalidomide)	TASIGNA® (nilotinib)	ZYKADIA™ (ceritinib)
IBRANCE® (palbociclib)	PURIXAN® (mercaptopurine)	TEMODAR® Capsules (temozolomide)	ZYTIGA® (abiraterone)*
INLYTA® (axitinib)	REVLIMID® (lenalidomide)*	THALOMID® (thalidomide)	Other:

*Currently may be unavailable from Cedra Specialty. We will assist you and your doctor in obtaining this medication(s).

Rx 1	Drug Name/Strength: Quantity:	Sig: Refills:
Rx 2	Drug Name/Strength: Quantity:	Sig: Refills:
Rx 3	DEXAMETHASONE EXEMASTANE LETROZOLE PREDNISONE Sig:	Strength: Quantity: Refills:

Date Medication Needed: Deliver To: Patient Home MD Office

Prescriber Signature: (Please sign and date below.)
Your signature authorizes Cedra Pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.

Substitution Permissible Date Dispense as written "DAW" Date

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