KINGS CARE
PHARMACY | FARMACIA

ONCOLOGY
ORAL MEDICATIONS
REFERRAL FORM

FAX: 718-684-1598
TEL: 718-684-1595
info@kingscarespecialty.com
KINGSCARESPECIALTY.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: ☐ MDSD 46.9

☐ POMALYST REMS™ Program Physician Auth # : Date: ☐ MMC 90.00

☐ THALOMID REMS™ Program Physician Auth # : Date: ☐ MCLC 83.10

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)	☐ VOTRIFNT (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 Kings Care. We will assist you and your doctor in obtaining this medication(s).

Rx 1 Drug Name / Strength: Sig:
Quantity: Refills:

Rx 2 Drug Name / Strength: Sig:
Quantity: Refills:

Rx 3 ☐ DEXAMETHASONE ☐ EXEMASTANE ☐ LETROZOLE ☐ PREDNISONE Strength :
Sig: Quantity: Refills:

Date Medication Needed : Deliver To: ☐ Patient Home ☐ MD Office

Prescriber Signature : (Please sign and date below.)

Your signature authorizes Kings Care Pharmacy to act on you r behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients

Sub stitution Per missible Date Dispense as written "DAW" Dat e

SUBMIT FORM CLEAR FORM