Longs
SPECIALTY PHARMACY

DERMATOLOGY - ONCOLOGY

phone 866.437.6717 fax 866.550.7421
1216 West Main St. • Lexington, SC 29072 **longsrx.com**

DATE: _____ **NEEDS BY DATE:** _____ **SHIP TO:** ❑ PATIENT ❑ OFFICE - FIRST DOSE ❑ OFFICE - ALL DOSES ❑ OTHER _____

PATIENT INFORMATION

Patient Name		
Address		
City	State	Zip
Main Phone	Alternative Phone	❑ Male ❑ Female
Social Security #		Date of Birth

PRESCRIBER INFORMATION

Prescriber Name		
Prescriber Type	❑ Physician (MD or DO) ❑ Nurse Practitioner	❑ Physician's Assistant
Supervising Physician (If prescriber is a NP or PA)		
DEA #	NPI #	Tax ID #
Address		
City	State	Zip
Phone	Fax	
Contact Person		

INSURANCE: PLEASE FAX BOTH SIDES OF PRESCRIPTION CARD AND MEDICAL CARD

CLINICAL INFORMATION

ICD-10:	Locations:	BSA:
Prior Failed Therapies		
Radiation:	Dates of Treatment:	Reason if Not Eligible:
Surgery:	Dates of Treatment:	Reason if Not Eligible:
Medication:	Length of Treatment:	Reason for Discontinuing:
Contraindicated Medication:	Reason:	
Patient Allergies:		
❑ Cancer is locally advanced	❑ New Therapy ❑ Continuation of Therapy	❑ Patient or patient's partner is of child bearing age ❑ Patient or patient's partner is pregnant
Notes:		

PRESCRIPTION INFORMATION

			QUANTITY	REFILLS
❑ Odomzo®	200 mg Tablet	Take one tablet by mouth daily	_____	_____
❑ Mekinist®	2 mg Tablet	Take one tablet by mouth daily on an empty stomach	_____	_____
❑ Tafinlar®	❑ 50 mg Capsules ❑ 75 mg Capsules	Take 150 mg twice daily (every 12 hours) by mouth on an empty stomach		
❑ Other: _____	_____	_____	_____	_____

Dispense As Written (no stamps) **Date** **Substitution Permitted** (no stamps) **Date**

1. In order for a brand name product to be dispensed, the prescriber must write "Brand Necessary" or "Brand Medically Necessary" or any required state-specific language.
2. By signing this form, you are authorizing the pharmacy and its representatives to act on your behalf to obtain prior authorizations for the prescribed medication(s). We will also pursue available copay and financial assistance on behalf of your patients when available.
3. The pharmacy can only accept faxed prescriptions directly from a prescriber's office.
4. Prescribers must comply with any of their state-specific prescription requirements.

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