

## Humana Specialty Pharmacy®

Monday – Friday: 8 a.m. – 11 p.m., Eastern time

Saturday: 8 a.m. – 6:30 p.m., Eastern time

Remove above portion before faxing. Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

### Oral Oncology General Prescription Form

#### Patient information

Patient: \_\_\_\_\_  Female  Male DOB: \_\_\_\_\_ Insurance plan: \_\_\_\_\_ Plan ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Caregiver: \_\_\_\_\_ Caregiver phone #: \_\_\_\_\_  
 Other medical conditions: \_\_\_\_\_ Allergies:  No  Yes: \_\_\_\_\_

#### Clinical information

Need by date: \_\_\_\_\_ BSA: \_\_\_\_\_m<sup>2</sup> Height: \_\_\_\_\_ Weight: \_\_\_\_\_  lb  kg Date: \_\_\_\_\_  
 ICD-10 code(s): \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Diagnosis date: \_\_\_\_\_  
 Renal dysfunction:  No  Yes Current SCr: \_\_\_\_\_ or current GFR: \_\_\_\_\_ mL/min Liver dysfunction:  No  Yes  
 Abnormal lab values: \_\_\_\_\_ Concurrent medications: \_\_\_\_\_  
 Confirmed predictive biomarker or genetic testing:  ALK fusion BRCA1/2  BRAF V600E mutation  
 BRAF V600K mutation  CLL with 17p deletion  EGFR mutation  HER2 positive  
 IDH2 mutation  KRAS mutation  PIK3CA mutation  MET amplification/mutation  MET exon14 skipping  
 NTRK gene fusion  RET mutation  Other: \_\_\_\_\_

Previous therapy: \_\_\_\_\_ Discontinuation reason: \_\_\_\_\_ Dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Prescription information **Note: Ohio law allows one prescription per preprinted order form. Please use additional forms for more than one prescription.**

Medication	Strength	Directions	Quantity	Refills
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Prescriber and shipping information (please print)

Prescriber: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Ship to:  Patient  Office  Other: \_\_\_\_\_  
 Office address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Office phone number: \_\_\_\_\_ Office fax number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We will dispense this prescription as generic, unless the prescriber indicates "Dispense as Written" here: \_\_\_\_\_  
 The prescriber is to comply with his/her state-specific prescription requirements, such as e-prescribing, state-specific prescription form and fax language. Noncompliance with state-specific requirements could result in outreach to the prescriber.