Humana Pharmacy®

Fax: 877-405-7940
Phone: 800-486-2668

# 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 U–X 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: _____$m^2$ 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: ❒ No ❒ Yes If "Yes," list: _____

| 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 |
|---|---|---|---|---|
| ❒ Verzenio tablets (abemaciclib)<br>❒ with AI or Faslodex<br>❒ without AI or Faslodex<br>(To prescribe AI, please use the corresponding alphabetical form, or write in the "Other" field below.) | ❒ 50 mg<br>❒ 100 mg<br>❒ 150 mg<br>❒ 200 mg | ❒ Take one tablet twice daily. | _____ | ____ |
| ❒ Vizimpro (dacomitinib) | ❒ 15 mg<br>❒ 30 mg<br>❒ 45 mg | ❒ Take one tablet once daily. | _____ | ____ |
| ❒ Votrient tablets (pazopanib) | 200 mg | ❒ Take four tablets (800 mg) once daily on an empty stomach. | _____ | ____ |
| ❒ Xalkori capsules (crizotinib) | ❒ 200 mg<br>❒ 250 mg | ❒ Take one capsule twice daily. | _____ | ____ |
| ❒ Xeloda tablets (capecitabine) | ❒ 150 mg<br>❒ 500 mg | _____ | _____ | ____ |
| ❒ Xtandi capsules (enzalutamide) | 40 mg | ❒ Take four capsules (160 mg) once daily. | _____ | ____ |
| ❒ Other: _____ | _____ | _____ | _____ | _____ |

### 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.