

**ONCOLOGY – ORAL**

**TELEPHONE 1-800-237-2767 FAX 1-800-323-2445**

**1. PATIENT INFORMATION** *To be completed by the patient*

Last Name		First Name		M.I.
Street Address				
City		State	ZIP	
Day Telephone # (+Area Code)		Night Telephone # (+Area Code)		Mobile Telephone # (+Area Code)
Date of Birth (MM/DD/YYYY)		Social Security #		Sex (Check One) <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian Name				

**INSURANCE INFORMATION**

Primary/Medical Insurance		Secondary/Pharmacy Insurance		
Cardholder Name & ID # (If Not Patient)		Cardholder Name & ID # (If Not Patient)		
Group/Policy #		Group/Policy #		
Insurance Telephone # (+Area Code)		Insurance Telephone # (+Area Code)		
Employer		Medicaid #		

**ALTERNATE SHIPPING ADDRESS**

Last Name		First Name		M.I.
Street Address				
City		State	ZIP	

Caremark is committed to protecting the privacy of your health information. We will hold your health information in confidence and will only use and disclose it in accordance with applicable law.

**2. PHYSICIAN INFORMATION** *To be completed by the physician and staff*

Prescriber's Last Name		Prescriber's First Name		
Hospital/Clinic		Office Contact		
Street Address				
City		State	ZIP	
Telephone # (+Area Code)		Fax # (+Area Code)		E-Mail Address
Prescriber's License #		DEA #		NPI #
UPIN#		Medicaid License #		

**STATEMENT OF MEDICAL NECESSITY**

**PRIMARY DIAGNOSIS:** (ICD-9 CM Code Plus Description)

- Gleevec™**  205.1 Chronic Myeloid Leukemia  
 Other
- Nexavar®**  189 Renal Cell Carcinoma  
 Other
- Revlimid®** Revlimid prescriptions should be completed on the RevAssist Patient Prescription Form.
- Sprycel®**  205.1 Chronic Myeloid Leukemia  
 Other
- Sutent®**  189 Renal Cell Carcinoma  
 152.9 GIST  
 Other
- Tarceva®**  162.9 Pulmonary Malignancy  
 157.9 Adenocarcinoma of Pancreas  
 Other
- Temodar®**  191.9 Glioma (Malignant), Astrocytic, Unspecified Site  
 Other
- Thalomid®**  695.2 Erythema Nodosum (ENL)  
 203 Multiple Myeloma  
 Other
- Tykerb®**  174.9 Neoplasm, Breast (Connective & Glandular Tissue) (Female) (Soft Parts)  
 Other
- Xeloda®**  174.9 Neoplasm, Breast (Connective & Glandular Tissue) (Female) (Soft Parts)  
 153-154 Metastatic Colorectal Cancer  
 Other
- Zolinza™**  202.1 Cutaneous T-cell Lymphoma (Mycosis Fungoides)  
 202.2 Cutaneous T-cell Lymphoma (Sezary's Disease)  
 Other
- Other** (Please indicate drug and ICD.9 code plus description)

**PERTINENT MEDICAL HISTORY:**

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Current Medications (esp. WARFARIN)

**Rx**

**Patient Weight** \_\_\_\_ kg. **OR** \_\_\_\_ lbs. **Patient Height**

Drug \_\_\_\_

SIG

Quantity

*Ancillary Supplies and Kits Provided as Needed for Administration*

- Dispense As Written
- Substitution Allowed
- Refill \_\_\_\_

<b>Prescriber's Signature</b>	<b>Date</b>

**3. FAX COMPLETED FORM TOLL-FREE TO CAREMARKCONNECT® @ 1-800-323-2445**

**Please include copies of the patient's insurance cards (front & back) when faxing the referral to expedite benefit clearance.**

**Thank you for choosing Caremark!**