



# Three easy ways to prescribe

Just e-prescribe, fax or call\* in your patient's prescription to Optum® Specialty Pharmacy. We'll handle the rest.



## e-prescribe

using this information:

1050 Patrol Road  
Jeffersonville, IN 47130  
NPI: 1083045140  
NCPDP: 1564930



**Fax** the form to  
1-877-342-4596



**Call** 1-855-215-0235

**Questions?** Chat live on our provider portal to connect with our clinical team.

\*REMS prescriptions must be faxed or e-prescribed.

### All prescriptions require:

Photo copy of all insurance cards (front and back)  
Patient's full name and date of birth  
Diagnosis and diagnosis code  
Quantity of number of refills

Prescriber signature and date

Prescriber's name, phone number, address and NPI number (for nurse practitioners (NP) and physician assistants (PA) send supervising physician NPI)

### These items reduce the need for follow-up:

Patient demographics (gender, address, phone number)  
Chart of progress notes and pertinent labs  
Tried and failed therapies

Current medications and known allergies

Previous approval through insurance or copay assistance (if applicable)

Alternate contact information and consent

### For REMS referrals:

Celgene authorization number

Patient risk category

### Patients switching to Optum Specialty Pharmacy:

Grant information if patient has an existing grant

Prior authorization approval form

# Oncology therapies

Optum Specialty Pharmacy

Afinitor® (everolimus)  
Afinitor Disperz® (everolimus)  
**Alecensa® (alectinib)**  
Arimidex® (anastrozole)  
Aromasin® (exemestane)  
**Augtyro™ (repotrectinib)**  
**Bosulif® (bosutinib)**  
**Braftovi® (encorafenib)**  
**Cabometyx® (cabozantinib)**  
Casodex® (bicalutamide)  
CeeNU® (lomustine)  
**Cometriq® (cabozantinib)**  
**Copiktra® (duvelisib)**  
**Cotellic® (cobimetinib)**  
Daurismo® (glasdegib)  
**Erivedge® (vismodegib)**  
**Erleada® (apalutamide)**  
Exjade® (deferasirox)  
Farydak® (panobinostat)  
Femara® (letrozole)  
**Gavreto® (pralsetinib)**  
Gleevec® (imatinib mesylate)  
Gleostine® (lomustine)  
**Ibrance® (palbociclib)**  
**Idhifa® (enasidenib)**  
**Imbruvica® (ibrutinib)**  
**Inlyta® (axitinib)**  
**Inqovi®**  
    (decitabine and cedazuridine)  
**Inrebic® (fedratinib)**  
**Iressa® (gefitinib)**  
Jadenu® (deferasirox)  
**Jakafi® (ruxolitinib)**  
**Jaypirca™ (pirtobrutinib)**

**Kisqali® (ribociclib)**  
**Lenvima® (lenvatinib)**  
Leukeran® (chlorambucil)  
**Lonsurf® (tipiracil/trifluridine)**  
**Lorbrena® (lorlatinib)**  
**Lumakras® (sotorasib)**  
**Lynparza® (olaparib)**  
**Mekinist® (trametinib)**  
**Mektovi® (binimetinib)**  
**Nerlynx® (neratinib)**  
**Nexavar® (sorafenib)**  
Nilandron® (nilutamide)  
**Ninlaro® (ixazomib)**  
Nolvadex® (tamoxifen)  
**Nubeqa® (darolutamide)**  
Odomzo® (sonidegib)  
Onureg® (azacitadine)  
Piqray® (apelsisib)  
Promacta® (eltrombopag)  
Purixan® (mercaptopurine)  
**Retevmo® (selpercatinib)**  
**Rozlytrek® (entrectinib)**  
**Rubraca® (rucaparib)**  
Rydapt® (midostaurin)  
Scemblix® (asciminib)  
Soltamox® (tamoxifen)  
Sprycel® (dasatinib)  
**Stivarga® (regorafenib)**  
**Sutent® (sunitinib)**  
Synribo® (omacetaxine)  
Tabloid® (thioguanine)  
Tubrexta® (capmatinib)  
**Tafinlar® (dabrafenib)**  
**Tagrisso® (osimertinib)**

**Talzenna® (talazoparib)**  
**Tarceva® (erlotinib)**  
**Tasigna® (nilotinib)**  
Targretin® (bexarotene)  
**Tavalisse® (fostamatinib disodium hexahydrate)**  
Temodar® (temozolomide) †  
Toposar® (etoposide) †  
Tretinoin (formerly branded Vesinoid®)  
**Tykerb® (lapatinib)**  
**Valchlor® (mechlorethamine)**  
**Venclexta® (venetoclax)**  
**Verzenio® (abemaciclib)**  
**Vizimpro® (dacomitinib)**  
**Votrient® (pazopanib)**  
**Xalkori® (crizotinib)**  
Xeloda® (capecitabine) †  
**Xtandi® (enzalutamide)**  
Yonsa® (abiraterone acetate)  
**Zejula® (niraparib)**  
**Zelboraf® (vemurafenib)**  
Zolanza® (vorinostat)  
**Zydelig® (idelalisib)**  
**Zykadia® (ceritinib)**  
Zytiga® (abiraterone acetate)

## REMS products

**Pomalyst® (pomalidomide)**  
**Revlimid® (lenalidomide)**  
**Thalomid® (thalidomide)**

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**Limited Distribution (bolded)**

† Medicare B-billed drug



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