

ORAL ANTI-EMETIC CLAIMS

Patient Name _____ HICN _____

Rx Number _____ DOS _____

Pharmacist/Tech _____ NABP/NPI _____

Anti-Cancer Taken Orally: CHECK NON-COVERED ORAL ANTI-CANCER (OAC) LIST

Oral Anti-Cancer Drug _____

Do not list the Oral Anti-Emetic Drug here!!!!

Date OAC Drug Regimen Begins _____ OAC Prescribing Frequency _____

(Times per day and how many days)

Where is patient obtaining Oral Anti-Cancer Drug _____

Oral Anti-Emetic drugs will not be covered if billed in conjunction with any of the following Oral Anti-Cancer drugs listed below. There may be other Oral Anti-Cancer drugs not covered by Medicare.

NON-COVERED ORAL ANTI-CANCER DRUGS:

Aranesp	Flutamide	Nolvadex
Arimidex	Gleevec	Prednisone
Casodex	Hydroxyurea	Procrit
Epogen	Iressa	Sutent
Estramustine	Leukeran	Tamoxifen
Eulexin	Megace	Tarceva
Femara	Megestrol	Thalomid

**Please fax to OmniSYS, LLC @ 903.455.3797
Attn: Kristi**