

Date: \_\_\_\_\_ Auth #: \_\_\_\_\_ Auth Dates: \_\_\_\_\_  UPMC prior auth form attached

**Patient Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  Male  Female  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Caregiver/ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_ Latex Allergy:  Yes  No

**Insurance Information**

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_  
 Insured: \_\_\_\_\_ Insured: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**ICD-10**

ICD-10 Code:	Diagnosis:
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**Prescription Information**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Afinitor® (Everolimus)<br><input type="checkbox"/> Alecensa® (Alectinib HCl)<br><input type="checkbox"/> Alunbrig® (Brigatinib)<br><input type="checkbox"/> Ayvakit™ (Avapritinib)<br><input type="checkbox"/> Balversa® (Erdafitinib)<br><input type="checkbox"/> Bosulif® (Bosutinib)<br><input type="checkbox"/> Braftovi® (Encorafenib)<br><input type="checkbox"/> Brukinsa™ (Zanubrutinib)<br><input type="checkbox"/> Bynfezia Pen™ (Octreotide Acetate)<br><input type="checkbox"/> Cabometyx® (Cabozantinib S-Malate)<br><input type="checkbox"/> Calquence® (Acalabrutinib)<br><input type="checkbox"/> Cometriq® (Cabozantinib S-Malate)<br><input type="checkbox"/> Copiktra® (Duvelisib)<br><input type="checkbox"/> Cotellic® (Cobimetinib)<br><input type="checkbox"/> Cyclophosphamide<br><input type="checkbox"/> Daurismo™ (Glasdegib)<br><input type="checkbox"/> Doptelet® (Avatrombopag)<br><input type="checkbox"/> Erivedge® (Vismodegib)<br><input type="checkbox"/> Erleada® (Apalutamide) | <input type="checkbox"/> Exkivity™ (mobocertinib)<br><input type="checkbox"/> Fotivda® (Tivozanib)<br><input type="checkbox"/> Gavreto™ (Pralsetinib)<br><input type="checkbox"/> Gleevec® (Imatinib)<br><input type="checkbox"/> Gleostine® (Lomustine)<br><input type="checkbox"/> Hycamtin® (Topotecan)<br><input type="checkbox"/> Ibrance® (Palbociclib)<br><input type="checkbox"/> Iclusig® (Ponatinib)<br><input type="checkbox"/> Idhifa® (Enasidenib)<br><input type="checkbox"/> Imbruvica® (Ibrutinib)<br><input type="checkbox"/> Inlyta® (Axitinib)<br><input type="checkbox"/> Inqovi® (Decitabine & Cedazuridine)<br><input type="checkbox"/> Inrebic® (Fedratinib)<br><input type="checkbox"/> Iressa® (Gefitinib)<br><input type="checkbox"/> Jakafi® (Ruxolitinib)<br><input type="checkbox"/> Jaypirca™ (Pirtobrutinib)<br><input type="checkbox"/> Kisqali® (Ribociclib)<br><input type="checkbox"/> Koselugo™ (Selumetinib) | <input type="checkbox"/> Krazati® (Adagrasib)<br><input type="checkbox"/> Lenvima® (Lenvatinib)<br><input type="checkbox"/> Lonsurf® (Trifluridine-Tipiracil)<br><input type="checkbox"/> Lorbrena® (Lorlatinib)<br><input type="checkbox"/> Lumakras™ (Sotorasib)<br><input type="checkbox"/> Lynparza® (Olaparib)<br><input type="checkbox"/> Lytgobi® (Futibatinib)<br><input type="checkbox"/> Mekinist® (Trametinib)<br><input type="checkbox"/> Mektovi® (Binimetinib)<br><input type="checkbox"/> Nerlynx® (Neratinib)<br><input type="checkbox"/> Nexavar® (Sorafenib)<br><input type="checkbox"/> Nilandron® (Nilutamide)<br><input type="checkbox"/> Ninlaro® (Ixazomib)<br><input type="checkbox"/> Nubeqa™ (Darolutamide)<br><input type="checkbox"/> Odomzo® (Sonidegib Phosphate)<br><input type="checkbox"/> Ojjaara™ (Momelotinib)<br><input type="checkbox"/> Onureg (Azacitidine)<br><input type="checkbox"/> Orgovyx (Relugolix) |
|--|---|---|

Dose/ Strength	Directions	Quantity	Refills

**Prescriber Information**

Date Shipment Needed: \_\_\_\_\_ Ship to:  Patient  Physician/ Clinic  Other: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Office Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_