

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"/> Pemazyre™ (Pemigatinib)<br><input type="checkbox"/> Piqray® (Alpelisib)<br><input type="checkbox"/> Retevmo™ (Selpercatinib)<br><input type="checkbox"/> Rezurock™ (Belumosudil)<br><input type="checkbox"/> Rezlidhia™ (Olutasidenib)<br><input type="checkbox"/> Rolvedon™ (Eflapegrastim-xnst)<br><input type="checkbox"/> Rozlytrek® (Entrectinib)<br><input type="checkbox"/> Rubraca® (Rucaparib)<br><input type="checkbox"/> Rydapt® (Midostaurin)<br><input type="checkbox"/> Scemblix® (Asciminib)<br><input type="checkbox"/> Sprycel® (Dasatinib)<br><input type="checkbox"/> Stivarga® (Regorafenib)<br><input type="checkbox"/> Sutent® (Sunitinib Malate)<br><input type="checkbox"/> Tabrecta™ (Capmatinib)<br><input type="checkbox"/> Tafinlar® (Dabrafenib Mesylate)<br><input type="checkbox"/> Tagrisso® (Osimertinib Mesylate) | <input type="checkbox"/> Talzenna® (Talzoparib)<br><input type="checkbox"/> Tarceva® (Erlotinib)<br><input type="checkbox"/> Tascigna® (Nilotinib)<br><input type="checkbox"/> Tazverik™ (Tazemetostat)<br><input type="checkbox"/> Temodar® (Temozolomide)<br><input type="checkbox"/> Tepmetko® (Tepotinib)<br><input type="checkbox"/> Tibsovo® (Ivosidenib)<br><input type="checkbox"/> Truseltiq™ (Infigratinib)<br><input type="checkbox"/> Tukysa™ (Tucatinib)<br><input type="checkbox"/> Tykerb® (Lapatinib Ditosylate)<br><input type="checkbox"/> Vanflyta® (Quizartinib)<br><input type="checkbox"/> Venclexta® (Venetoclax)<br><input type="checkbox"/> Verzenio® (Abemaciclib)<br><input type="checkbox"/> Vijoice® (Alpelisib)<br><input type="checkbox"/> Vizimpro® (Dacomitinib)<br><input type="checkbox"/> Vonjo (Pacritinib) | <input type="checkbox"/> Votrient® (Pazopanib HCl)<br><input type="checkbox"/> Welireg™ (Belzutifan)<br><input type="checkbox"/> Xalkori® (Crizotinib)<br><input type="checkbox"/> Xeloda® (Capecitabine)<br><input type="checkbox"/> Xermelo™ (Telotristat Ethyl)*<br><input type="checkbox"/> Xospata® (Gilteritinib)<br><input type="checkbox"/> Xpovio® (Selinexor)<br><input type="checkbox"/> Xtandi® (Enzalutamide)<br><input type="checkbox"/> Yonsa® (Abiraterone Acetate)<br><input type="checkbox"/> Zejula® (Niraparib)<br><input type="checkbox"/> Zelboraf® (Vemurafenib)<br><input type="checkbox"/> Zolanza® (Vorinostat)<br><input type="checkbox"/> Zydelig® (Idelalisib)<br><input type="checkbox"/> Zykadia® (ceritinib)<br><input type="checkbox"/> Zytiga® (Abiraterone Acetate) |
|--|--|--|

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: \_\_\_\_\_