

Date: _____ SOC Date: _____ Home Infusion Office Infusion 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: _____

PRESCRIPTION INFORMATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Adcertis (brentuximab) | <input type="checkbox"/> Besponsa (inotuzumab ozogamicin) | <input type="checkbox"/> Darzalex (daratumumab) |
| <input type="checkbox"/> Adstiladrin (nadofaragene firadenovec) | <input type="checkbox"/> Blincyto (blinatumomab) | <input type="checkbox"/> Datroway (datopotamab deruxtecan) |
| <input type="checkbox"/> Afinitor (everolimus) | <input type="checkbox"/> Boruzu (bortezomib) | <input type="checkbox"/> Daurismo (glasdegib) |
| <input type="checkbox"/> Akeega (abiraterone acetate, niraparib) | <input type="checkbox"/> Bosulif (bosutinib) | <input type="checkbox"/> Doptelet (avatrombopag) |
| <input type="checkbox"/> Alecensa (alectinib hci) | <input type="checkbox"/> Braftovi (encorafenib) | <input type="checkbox"/> Elzonris (tagraxofusp) |
| <input type="checkbox"/> Alimta (pemetrexid) | <input type="checkbox"/> Brukinsa (zanubrutinib) | <input type="checkbox"/> Empliciti (elotuzumab) |
| <input type="checkbox"/> Alunbrig (brigatinib) | <input type="checkbox"/> Bynfezia Pen (octreotide acetate) | <input type="checkbox"/> Endari (glutamine) |
| <input type="checkbox"/> Anktiva (nogapendekin alfa inbakicept-pmln) | <input type="checkbox"/> Cabometyx (cabozantinib s-malate) | <input type="checkbox"/> Enhertu (fam-trastuzumab deruxtecan) |
| <input type="checkbox"/> Arranon (nelarabine) | <input type="checkbox"/> Calquence (acalabrutinib) | <input type="checkbox"/> Epcoritamab |
| <input type="checkbox"/> Asparalas (calaspargase pegol) | <input type="checkbox"/> Camcevi (leuprolide mesylate) | <input type="checkbox"/> Erivedge (vismodegib) |
| <input type="checkbox"/> Attruby (acoramidis) | <input type="checkbox"/> Columvi (glofitamab) | <input type="checkbox"/> Erleada (apalutamide) |
| <input type="checkbox"/> Augtyro (repotrectinib) | <input type="checkbox"/> Cometriq (cabozantinib s-malate) | <input type="checkbox"/> Exjade (deferasirox) |
| <input type="checkbox"/> Ayvakit (avapritinib) | <input type="checkbox"/> Copiktra (duvelisib) | <input type="checkbox"/> Exkivity (mobocertinib) |
| <input type="checkbox"/> Balversa (erdafitinib) | <input type="checkbox"/> Cotellic (cobimetinib) | <input type="checkbox"/> Foltyn (pralatrexate) |
| <input type="checkbox"/> Bavencio (avelumab) | <input type="checkbox"/> Cyclophosphamide (cyclophosphamide) | <input type="checkbox"/> Fotivda (tivozanib) |
| <input type="checkbox"/> Beleodaq (belinostat) | <input type="checkbox"/> Cynamza (ramucirumab) | <input type="checkbox"/> Fruzaqla (fruquintinib) |
| <input type="checkbox"/> Belrapzo (bendamustine) | <input type="checkbox"/> Dacogen (decitabine) | <input type="checkbox"/> Fruzqala (fruquintinib) |
| <input type="checkbox"/> Bendeka (bendamustine) | <input type="checkbox"/> Danziten (nilotinib) | |
- Other: _____

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: _____