

New/Changed Dose

Cancer – General (A-M) | Afinitor®, Afinitor Disperz®, Cotellic®, Capecitabine, Cyclophosphamide, Erlotinib, Gleevec®, Gleostine®, Hycamtin®, Mekinist®

Prescriber Information

Prescriber Name MD DO NP PA NPI Office Contact Practice Name / Collaborating MD Address City State Zip Phone Fax

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patient's Name Last 4 Digits of SS# DOB Sex M F Weight Height Diabetic? Y N Address City State Zip Home Phone Work/Cell HIPAA Contact Emergency # Interpreter Needed? Y N | Allergies Y N If Yes, list allergies

Insurance Information

Primary Insurance Policy ID Group# BIN PCN Policyholder Name Policyholder DOB

Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES, AND LAB VALUES

ICD-10 Code Weight lb kg Height in cm BSA m2 Diagnosis Date Current SCr or current GFR ml/min Confirmation Mutations Prior Therapy Reason for Discontinuation of Therapy Approximate Start Date Approximate End Date

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
AFINITOR® (everolimus)	2.5 mg tablet 5 mg tablet 7.5 mg tablet 10 mg tablet	Take ____ mg by mouth once daily Other: _____		
AFINITOR DISPERZ® (everolimus for oral suspension)	2 mg tablet 3 mg tablet 5 mg tablet	Take ____ mg by mouth once daily Other: _____		
CAPECITABINE	150 mg tablet 500 mg tablet			
COTELLIC® (cobimetinib)	20 mg tablet	Take 3 tablets (60mg) by mouth once daily for the first 21 days of each 28-day cycle Other: _____		
CYCLOPHOSPHAMIDE	25 mg capsule 50 mg capsule			
ERLOTINIB (generic Tarceva®)	25 mg tablet 100 mg tablet 150 mg tablet	Take ____ mg by mouth once daily on an empty stomach Other: _____		
GLEEVEC® (imatinib)	100 mg tablet 400 mg tablet	Take ____ mg by mouth ____ times a day Other: _____		
GLEOSTINE® (lomustine)	40 mg capsule			
HYCANTIN® (topotecan)	0.25 mg capsule 1 mg capsule	Take ____ mg by mouth once daily for 5 days, starting on day 1 of a 21-day cycle Other: _____		
MEKINIST® (trametinib)	0.5 mg tablet 2 mg tablet 0.05 mg /ml solution	Take ____ mg by mouth once daily without food (at least 1 hour before or 2 hours after a meal) Other: _____		

By signing this form and utilizing our services, you are authorizing Community Memorial Healthcare and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature _____

Prescriber Signature _____

Date _____

Substitution Permitted

Date _____

Dispense as Written

 If brand is required, please write
 "DAW" in the box to the right.