

New/Changed Dose

Cancer – Lung | Alecensa®, Augtyro™, Erlotinib, Gefitinib, Hycamtin®, Mekinist®, Rozlytrek®, Tabrecta®, Tafenlar®, Zykadia®

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
ALECENSA® (alectinib)	150 mg capsule	Take 600 mg (4 capsules) by mouth twice daily with food Other: _____		
AUGTYRO™ (repotrectinib)	40 mg capsule 160 mg capsule	Take 160 mg (1 capsule) by mouth once daily for 14 days, then increase to 160 mg (1 capsule) twice daily Other: _____		
ERLOTINIB (generic Tarceva®)	25 mg tablet 100 mg tablet 150 mg tablet	Take ___ mg by mouth once daily on an empty stomach Other: _____		
GEFITINIB (generic Iressa®)	250 mg tablet	Take 1 tablet by mouth once daily Other: _____		
HYCAMTIN® (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: _____		
ROZLYTREK® (entrectinib)	100 mg capsule 200 mg capsule	Take 600 mg by mouth once daily Other: _____		
TABRECTA® (capmatinib)	150 mg tablet 200 mg tablet	Take 400 mg (2 tablets) by mouth twice daily Other: _____		
TAFINLAR® (dabrafenib)	50 mg capsule 75 mg capsule 10 mg tablet for oral suspension	Take 150 mg (2 capsules) by mouth two times a day without food (at least 1 hour before or 2 hours after a meal) Take ___ mg by mouth two times a day without food (at least 1 hour before or 2 hours after a meal) Other: _____		
ZYKADIA® (ceritinib)	150 mg tablet	Take 450 mg (3 tablets) by mouth once daily with food 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.