meijer specialty pharmacy

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Oncology (T-Z)

Tabrecta™, Tafinlar®, Targretin®, Tasigna®, Temodar®, Tykerb®, Votrient®, Xeloda®, Yonsa®, Zolinza®, Zykadia®, Zytiga®

Prescriber Information

Ship Meds to: ◯ Patient's Home ◯ Prescriber's Office

Prescriber Name:		◯MD ◯DO ◯NP ◯PA	NPI:
Office Contact:		Practice Name / Collaborating Physician:	
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:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? ◯ Y ◯ N		

Insurance Information

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

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	Confirmed Mutations:		
Prior Therapy	Reason for Discontinuation of Therapy	Approximate Start Date	Approximate End Date

Prescription Information

Medication	Dose/Strength	Sig (Please Include Cycle)	Quantity	Refills
◯ **TABRECTA™** (capmatinib)	◯ 150mg ◯ 200mg	◯ Take 400mg by mouth twice daily with or without food ◯ Take ____mg by mouth twice daily with or without food		
◯ **TAFINLAR®** (dabrafenib)	◯ 50mg ◯ 75mg	◯ Take ____ mg by mouth two times a day without food (1 hour before or 2 hours after a meal)		
◯ **TARGRETIN®** (bexarotene)	◯ 75mg	◯ Take _____mg by mouth once daily with a meal		
◯ **TASIGNA®** (nilotinib)	◯ 50mg ◯ 150mg ◯ 200mg	◯ Take _____mg by mouth twice daily without food (2 hours before or 1 hour after a meal)		
◯ **TEMODAR®** (temozolamide)	◯ 5mg ◯ 20mg ◯ 100mg ◯ 140mg ◯ 180mg ◯ 250mg			
◯ **TYKERB®** (lapatinib)	◯ 250mg	◯ Take _____ mg by mouth once daily without food (1 hour before or 1 hour after a meal)		
◯ **VOTRIENT®** (pazopanib)	◯ 200mg	◯ Take _____ mg by mouth once daily without food (1 hour before or 2 hours after a meal)		
◯ **XELODA®** (capecitabine)	◯ 150mg ◯ 500mg	◯ Take _____mg by mouth twice daily ◯ Other:		
◯ **YONSA®** (abiraterone acetate)	◯ 125mg	◯ Take _____ mg by mouth once daily		
◯ **ZOLINZA®** (vorinostat)	◯ 100mg	◯ Take _____ mg by mouth once daily with food		
◯ **ZYKADIA®** (ceritinib)	◯ 150mg	◯ Take _____ mg by mouth once daily with food		
◯ **ZYTIGA®** (abiraterone acetate)	◯ 250mg ◯ 500mg	◯ Take _____ mg by mouth once daily without food (1 hour before or 2 hours after a meal)		
◯ **OTHER:**				

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

Prescriber Signature:	Date

Substitution Permitted

Prescriber Signature:	Date

Dispense as Written

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