meijer specialty pharmacy

P: 1-855-263-4537 • F: 1-866-922-3220
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Oncology (A-L)

Afinitor®, Afinitor Disperz®, Cyclophosphamide, Farydak®, Gleevec®, Herceptin Hylecta™, Kisqali®, Kisqali® Femara® Co-Pack, Lupron Depot®

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
◯ **AFINITOR®** (everolimus)	◯ 2.5mg ◯ 7.5mg ◯ 5mg ◯ 10mg	◯ Take ____mg by mouth once daily		
◯ **AFINITOR DISPERZ®** (everolimus tablets for oral suspension)	◯ 2mg ◯ 3mg ◯ 5mg	◯ Take ____mg by mouth once daily		
◯ **CYCLOPHOSPHAMIDE** (capsules)	◯ 25mg ◯ 50mg			
◯ **FARYDAK®** (panobinostat)	◯ 10mg ◯ 15mg ◯ 20mg	◯ Take ______ mg by mouth every other day for 3 doses per week (on days 1, 3, 5, 8, 10 and 12) for the first 2 weeks of each 21-day cycle. ◯ Other:		
◯ **GLEEVEC®** (imatinib mesylate)	◯ 100mg ◯ 400mg	◯ Take ______ mg by mouth once daily. ◯ Take ______mg by mouth two times a day ◯ Other:		
◯ **HERCEPTIN HYLECTA™** (trastuzumab and hyaluronidase-oysk)	◯ 600mg trastuzumab/10,000 units hyaluronidase	◯ Inject 600mg/10,000 units SQ over 2-5 minutes once every 3 weeks ◯ Other:		
◯ **KISQALI®** (ribociclib)	◯ 200mg ◯ 400mg ◯ 600mg	◯ Take ______ mg by mouth once daily for 21 days, followed by 7 days of rest		
◯ **KISQALI® FEMARA® CO-PACK** (ribociclib + letrozole)	◯ 200mg/2.5mg ◯ 600mg/2.5mg ◯ 400mg/2.5mg	◯ Start both medications on the same day: Kisqali: Take ______ mg by mouth once daily for 21 days, followed by 7 days of rest Femara: Take 1 tablet by mouth daily for 28 days		
◯ **LUPRON DEPOT®** (leuprolide acetate for depot suspension)	◯ 7.5mg (1 month) ◯ 22.5mg (3 months) ◯ 30mg (4 months) ◯ 45mg (6 months)	◯ Administer 1 injection every 4 weeks ◯ Administer 1 injection every 12 weeks ◯ Administer 1 injection every 16 weeks ◯ Administer 1 injection every 24 weeks		

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	Prescriber Signature: Date
Substitution Permitted	Dispense as Written

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