meijer specialty pharmacy

P: 1-855-263-4537 • F: 734-391-2365
www.meijerspecialtypharmacy.com

Oncology (M-S)

Mekinist®, Nilandron®, Ninlaro®, Odomzo®, Onureg®, Phesgo™, Piqray®, Rituxan Hycela®, Rydapt®, Sprycel®

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
◯ **MEKINIST®** (trametinib)	◯ 0.5mg ◯ 2mg	◯ Take _____ mg by mouth once daily without food (1 hour before or 2 hours after a meal)		
◯ **NILANDRON®** (nilutamide)	◯ 150mg	◯ **Starter dose:** Take 2 tablets by mouth daily for 30 days		**No Refills**
		◯ **Maintenance dose:** Take 1 tablet by mouth daily		
◯ **NINLARO®** (ixazomib)	◯ 2.3mg ◯ 3mg ◯ 4mg	◯ Take _____ mg on days 1, 8 and 15 of a 28-day cycle		
◯ **ODOMZO®** (sonidegib)	◯ 200mg	◯ Take 1 tablet by mouth daily without food (1 hour before or 2 hours after a meal)		
◯ **ONUREG®** (azacitidine) ◯ Blister Pack ◯ Bottle	◯ 200mg ◯ 300mg	◯ Take 300mg by mouth once daily on days 1 through 14 of each 28-day cycle ◯ Other:	**28 Day Supply**	
◯ **PHESGO™** (pertuzumab, trastuzumab, and hyaluronidase-zzxf)	◯ 1,200mg pertuzumab, 600mg trastuzumab, 30,000 units hyaluronidase/15mL	**Starter dose:** ◯ Inject 1,200mg pertuzumab, 600mg trastuzumab and 30,000 units hyaluronidase SQ in the thigh over 8 minutes ◯ Other:		
	◯ 600mg pertuzumab, 600mg trastuzumab, 20,000 units hyaluronidase/10mL	**Maintenance dose:** ◯ Inject 600mg pertuzumab, 600mg trastuzumab and 20,000 units hyaluronidase SQ in the thigh over 5 minutes every 3 weeks ◯ Other:		
◯ **PIQRAY®** (alpelisib)	◯ 200mg ◯ 250mg ◯ 300mg	◯ Take 300mg by mouth daily with food ◯ Take _____ mg by mouth daily with food	**28 Day Supply**	
◯ **RITUXAN HYCELA®** (rituximab and hyaluronidase)	◯ 1,400mg rituximab, 23,400 units hyaluronidase/11.7mL ◯ 1,600mg rituximab, 26,800 units hyaluronidase/13.4mL			
◯ **RYDAPT®** (midostaurin)	◯ 25mg	◯ Take _____ mg by mouth two times a day with food continuously ◯ Take _____ mg by mouth two times a day with food on days _____ of cycle		
◯ **SPRYCEL®** (dasatinib)	◯ 20mg ◯ 50mg ◯ 70mg ◯ 80mg ◯ 100mg ◯ 140mg	◯ Take _____ mg by mouth once daily		

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.