

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								
Patients Name:		Last 4 Digits of SS#:		DOB: / /	Sex: M F	Weight:	Height:	Diabetic? Y N
Office Contact:			Practice Name / Collaborating MD:					
Address:		City:		State:		Zip:		
Home Phone:		Work/Cell:		HIPPA 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		Confirmed Mutations:					
Prior Therapy:		Reason for Discontinuation of Therapy:		Approximate Start Date		Approximate End Date	

Prescription Information							
Medication	Dose/Strength				Sig	Quantity	Refills
AFINITOR® (everolimus)	2.5mg	5mg	7.5mg	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 for the first 2 weeks of each 21-day cycle. 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 400mg/2.5mg 600mg/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		

Injection Training		
Patient received injection training	Prescriber's office to provide injection training	Meijer to coordinate injection training

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
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Substitution Permitted

Dispense as Written

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