

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
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		
<b>MEKINIST®</b> (trametinib)		0.5mg	2mg		Take _____ mg by mouth once daily without food (1 hour before or 2 hours after a meal)						
<b>NILANDRON®</b> (nilutamide)		150mg			<b>Starter Dose:</b> Take 2 tablets by mouth daily for 30 days <b>Maintenance Dose:</b> Take 1 tablet by mouth daily				No Refills		
<b>NINLARO®</b> (ixazomib)		2.3mg	3mg	4mg	Take _____ mg on days 1, 8 and 15 of a 28-day cycle						
<b>ODOMZO®</b> (sonidegib)		200mg			Take 1 tablet by mouth daily without food (1 hour before or 2 hours after a meal)						
<b>ONUREG®</b> Blister Pack (azacitidine) Bottle		200mg	300mg		Take 300mg by mouth once daily on days 1 through 14 of each 28-day cycle Other:			28 Day Supply			
<b>PHESGO™</b> (pertuzumab, trastuzumab, and hyaluronidase-zzxf)		1,200mg pertuzumab, 600mg trastuzumab, 30,000 units hyaluronidase/15mL			<b>Starter Dose:</b> 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			<b>Maintenance Dose:</b> Inject 600mg pertuzumab, 600mg trastuzumab and 20,000 units hyaluronidase SQ in the thigh over 5 minutes every 3 weeks Other:						
<b>PIQRAY®</b> (alpelisib)		200mg	250mg	300mg	Take 300mg by mouth daily with food Take _____ mg by mouth daily with food			28 Day Supply			
<b>RITUXAN HYCELA®</b> (rituximab and hyaluronidase)		1,400mg rituximab, 23,400 units hyaluronidase/11.7mL 1,600mg rituximab, 26,800 units hyaluronidase/13.4mL									
<b>RYDAPT®</b> (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						
<b>SCSEMBLIX®</b> (asciminib)		20mg	40mg		Take 40mg by mouth two times a day without food Take 80mg by mouth daily without food Take 200mg by mouth two times a day without food Other:						
<b>SORAFENIB</b> (generic Nexavar®)		200mg			Take 2 tablets by mouth two times a day without food (1 hour before or 2 hours after a meal) Other:						
<b>SPRYCEL®</b> (dasatinib)		20mg	50mg	70mg	Take _____ mg by mouth once daily						
		80mg	100mg	140mg							
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