

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:	HIPAA 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:			
Notes to Pharmacy:				

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
ALECENSA® (alectinib)	150mg capsule	Take 600mg (4 capsules) by mouth twice daily with food Other:		
AUGTYRO™ (repotrectinib)	40mg capsule 160mg capsule	Take 160mg by mouth once daily for 14 days, then increase to 160mg twice daily Other:		
ERLOTINIB (generic Tarceva®)	25mg tablet 100mg tablet 150mg tablet	Take ___mg by mouth once daily on an empty stomach Other:		
GEFITINIB (generic Iressa®)	250mg tablet	Take 1 tablet by mouth once daily Other:		
HYCAMTIN® (topotecan)	0.25mg capsule 1mg capsule	Take ___mg by mouth once daily for 5 days, starting on day 1 of a 21-day cycle Other:		
KEYTRUDA QLEX™ (pembrolizumab and berahyaluronidase alfa-pmph)	2.4ml single dose vial (165mg pembrolizumab, 2,000u berahyaluronidase alfa/ml) 4.8ml single dose vial (165mg pembrolizumab, 2,000u berahyaluronidase alfa/ml)	Inject 2.4ml (395mg/4,800u) SQ once every 3 weeks Inject 4.8ml (790mg/9,600u) SQ once every 6 weeks Other:		
MEKINIST® (trametinib)	0.5mg tablet 2mg tablet 0.05mg/ml solution	Take ___mg by mouth once daily without food (at least 1 hour before or 2 hours after a meal) Other:		
ROZLYTREK® (entrectinib)	100mg capsule 200mg capsule	Take 600mg by mouth once daily Other:		
RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj)	10ml single dose vial (160mg amivantamab, 2,000u hyaluronidase/ml) 14ml single dose vial (160mg amivantamab, 2,000u hyaluronidase/ml)			
TABRECTA® (capmatinib)	150mg tablet 200mg tablet	Take 400mg (2 tablets) by mouth twice daily Other:		
TAFINLAR® (dabrafenib)	50mg capsule 75mg capsule 10mg tablet for oral suspension	Take 150mg (2 capsules) by mouth two times a day without food (at least 1 hour before or 2 hours after a meal) Take ___mg by mouth two times a day without food (at least 1 hour before or 2 hours after a meal) Other:		
ZYKADIA® (ceritinib)	150mg tablet	Take 450mg (3 tablets) by mouth once daily with food 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	Prescriber Signature	Date
----------------------	------	----------------------	------

Substitution Permitted

Dispense as Written

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