

**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:			
Prior Therapy:	Reason for Discontinuation of Therapy:	Approximate Start Date	Approximate End Date	

**Prescription Information**

Medication	Dose/Strength	Sig	Quantity	Refills
<b>CYCLOPHOSPHAMIDE</b>	25mg capsule 50mg capsule			
<b>DARZALEX FASPRO®</b> (daratumumab and hyaluronidase-fihj)	15ml single dose vial (120mg daratumumab, 2,000u hyaluronidase/ml)			
<b>GLEEVEC®</b> (imatinib)	100mg tablet 400mg tablet	Take ____mg by mouth ____ times a day Other:		
<b>GLEOSTINE®</b> (lomustine)	40mg capsule			
<b>IMKELDI®</b> (imatinib oral solution)	80mg/mL oral solution		30 day supply 90 day supply *Quantity QS for days supply in multiples of 140ml	
<b>NINLARO®</b> (ixazomib)	4mg capsule	Take 4mg (1 capsule) by mouth once daily on days 1, 8 and 15 of a 28 day cycle without food (at least 1 hour before or 2 hours after a meal) Other:		
<b>ONUREG®</b> (azacitidine)	200mg tablet 300mg tablet	Take 300mg (1 tablet) by mouth once daily on days 1-14 of each 28-day cycle Other:		
<b>RITUXAN HYCELA®</b> (rituximab and hyaluronidase)	11.7ml single dose vial (120mg rituximab, 2,000u hyaluronidase/ml) 13.4ml single dose vial (120mg rituximab, 2,000u hyaluronidase/ml)			
<b>RYDAPT®</b> (midostaurin)	25mg capsule	Take ____mg by mouth two times a day with food Other:		
<b>SPRYCEL®</b> (dasatinib)	20mg tablet    70mg tablet    100mg tablet 50mg tablet    80mg tablet    140mg tablet	Take ____mg by mouth once daily Other:		
<b>TABLOID®</b> (thioguanine)	40mg tablet			
<b>TARGRETIN®</b> (bexarotene)	75mg capsule	Take ____mg by mouth once daily with a meal Other:		
	1% gel		# of 60 gram tubes: ____	
<b>TASIGNA®</b> (nilotinib)	50mg capsule 150mg capsule 200mg capsule	Take ____mg by mouth two times daily Other:		
<b>ZOLINZA®</b> (vorinostat)	100mg capsule	Take ____mg 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
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Substitution Permitted

Dispense as Written

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