

**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>AFINITOR®</b> (everolimus)	2.5mg tablet 5mg tablet 7.5mg tablet 10mg tablet	Take ___mg by mouth once daily Other:		
<b>AFINITOR DISPERZ®</b> (everolimus for oral suspension)	2mg tablet 3mg tablet 5mg tablet	Take ___mg by mouth once daily Other:		
<b>CYCLOPHOSPHAMIDE</b>	25mg capsule 50mg capsule			
<b>FASLODEX®</b> (fulvestrant)	250mg/5ml prefilled syringe (2 per carton)	Inject 500mg (2 syringes) IM into the buttocks on days 1, 15, 29 and once monthly thereafter Other:		
<b>HERCEPTIN HYLECTA™</b> (trastuzumab and hyaluronidase-oysk)	5ml single dose vial (120mg trastuzumab, 2,000u hyaluronidase/ml)	Inject 5ml (600mg/10,000u) SQ once every 3 weeks Other:		
<b>INLURIYO™</b> (imlunestrant)	200mg tablet	Take 1 tablet by mouth daily on an empty stomach Other:		
<b>KEYTRUDA QLEX™</b> (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:		
<b>PHESGO™</b> (pertuzumab, trastuzumab and hyaluronidase-zzxf)	15ml single dose vial (80mg, 40mg, and 2,000u/ml)	<b>Starter Dose:</b> Inject 15ml SQ		<b>No Refills</b>
	10ml single dose vial (60mg, 60mg, and 2,000u/ml)	<b>Maintenance Dose:</b> Inject 10ml SQ every 3 weeks		
<b>PIQRAY®</b> (alpelisib)	50mg tablet 150mg tablet 200mg tablet	Take 300mg (2 tablets) by mouth once daily with food Other:		
<b>TYKERB®</b> (lapatinib)	250mg tablet	Take 1,500mg (6 tablets) by mouth once daily without food (at least 1 hour before or 1 hour after a meal) Other:		
<b>XELODA®</b> (capecitabine)	150mg tablet 500mg tablet			

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.