℞ meijer specialty pharmacy

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IV–Oncology (I–Z)

Ixempra®, Jevtana®, Keytruda®, Opdivo®, Perjeta®, Polivy™, Rituxan®, Torisel®, Velcade®, Vidaza®, Yervoy®, Zaltrap®, Zoledronic Acid

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 Diagnosis Code: | Diagnosis Date: / /

Height: cm | Weight: kg | BSA: m2 | Current SCr or current GFR ml/min | Confirmed Mutations:

Prior Therapy: | Reason for Discontinuation of Therapy: | Approx. Start Date: / / | Approx. End Date: / /

Comorbidities: | Concomitant Medications: | Allergies: NKDA Other:

Prescription Information

Medication	Dose/Strength	Sig (Please include cycle)	Quantity	Refills
IXEMPRA® (ixabepilone)	15mg vial 45mg vial			
JEVTANA® (cabazitaxel)	60mg vial			
KEYTRUDA® (pembrolizumab)	100mg/4mL vial			
OPDIVO® (nivolumab)	40mg vial 100mg vial 240mg vial			
PERJETA® (pertuzumab)	420mg vial			
POLIVY™ (polatuzumab vedotin-piiq)	140mg vial			
RITUXAN® (rituximab) **Biosimilars: Ruxience®**	100mg/10mL vial 500mg/50mL vial			
TORISEL® (temsirolimus)	25mg/mL vial			
VELCADE® (bortezomib)	3.5mg vial			
VIDAZA® (azacytidine)	100mg vial			
YERVOY® (ipilimumab)	10mL vial (5mg/mL) 40mL vial (5mg/mL)			
ZALTRAP® (ziv-aflibercept)	100mg vial 200mg vial			
ZOLEDRONIC ACID	4mg/100mL vial			

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
Substitution Permitted		Dispense as Written	

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