meijer specialty pharmacy

P: 1-855-263-4537 • F: 1-866-922-3220
www.meijerspecialtypharmacy.com

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.