meijer specialty pharmacy

P: 1-855-263-4537 • F: 734-391-2365
www.meijerspecialtypharmacy.com

◯ New/Changed Dose

Oncology (T-Z)

Tabrecta®, Tafinlar®, Targretin®, Tasigna®, Temodar®, Tykerb®, Votrient®, Xeloda®, Yonsa®, Zelboraf®, Zolinza®, Zykadia®, Zytiga®

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
◯ **TABRECTA™** (capmatinib)	◯ 150mg ◯ 200mg	◯ Take 400mg by mouth twice daily with or without food ◯ Take _____ mg by mouth twice daily with or without food		
◯ **TAFINLAR®** (dabrafenib)	◯ 50mg ◯ 75mg	◯ Take _____ mg by mouth two times a day without food (1 hour before or 2 hours after a meal)		
◯ **TARGRETIN®** (bexarotene)	◯ 75mg	◯ Take _____ mg by mouth once daily with a meal		
◯ **TASIGNA®** (nilotinib)	◯ 50mg ◯ 150mg ◯ 200mg	◯ Take _____ mg by mouth twice daily without food (2 hours before or 1 hour after a meal)		
◯ **TEMODAR®** (temozolomide)	◯ 5mg ◯ 100mg ◯ 180mg ◯ 20mg ◯ 140mg ◯ 250mg			
◯ **TYKERB®** (lapatinib)	◯ 250mg	◯ Take _____ mg by mouth once daily without food (1 hour before or 1 hour after a meal)		
◯ **VOTRIENT®** (pazopanib)	◯ 200mg	◯ Take _____ mg by mouth once daily without food (1 hour before or 2 hours after a meal)		
◯ **XELODA®** (capecitabine)	◯ 150mg ◯ 500mg	◯ Take _____ mg by mouth twice daily ◯ Other:		
◯ **YONSA®** (abiraterone acetate)	◯ 125mg	◯ Take _____ mg by mouth twice daily		
◯ **ZELBORAF®** (vemurafenib)	◯ 240mg	◯ Take 4 tablets (960mg) by mouth twice daily, approximately 12 hours apart ◯ Other:		
◯ **ZOLINZA®** (vorinostat)	◯ 100mg	◯ Take _____ mg by mouth once daily with food		
◯ **ZYKADIA®** (ceritinib)	◯ 150mg	◯ Take _____ mg by mouth once daily with a meal		
◯ **ZYTIGA®** (abiraterone acetate)	◯ 250mg ◯ 500mg	◯ Take _____ mg by mouth once daily without food (1 hour before or 2 hours after a meal)		

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.

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