

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:	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 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
MEKINIST® (trametinib)	0.5mg	2mg	Take _____ mg by mouth once daily without food (1 hour before or 2 hours after a meal)		
NILANDRON® (nilutamide)	150mg		Starter Dose: Take 2 tablets by mouth daily for 30 days Maintenance Dose: Take 1 tablet by mouth daily		No Refills
NINLARO® (ixazomib)	2.3mg	3mg 4mg	Take _____ mg on days 1, 8 and 15 of a 28-day cycle		
ODOMZO® (sonidegib)	200mg		Take 1 tablet by mouth daily without food (1 hour before or 2 hours after a meal)		
ONUREG® Blister Pack (azacitidine) Bottle	200mg	300mg	Take 300mg by mouth once daily on days 1 through 14 of each 28-day cycle Other:	28 Day Supply	
PHESGO™ (pertuzumab, trastuzumab, and hyaluronidase-zzxf)	1,200mg pertuzumab, 600mg trastuzumab, 30,000 units hyaluronidase/15mL		Starter Dose: Inject 1,200mg pertuzumab, 600mg trastuzumab and 30,000 units hyaluronidase SQ in the thigh over 8 minutes Other:		
	600mg pertuzumab, 600mg trastuzumab, 20,000 units hyaluronidase/10mL		Maintenance Dose: Inject 600mg pertuzumab, 600mg trastuzumab and 20,000 units hyaluronidase SQ in the thigh over 5 minutes every 3 weeks Other:		
PIQRAY® (alpelisib)	200mg	250mg 300mg	Take 300mg by mouth daily with food Take _____ mg by mouth daily with food	28 Day Supply	
RITUXAN HYCELA® (rituximab and hyaluronidase)	1,400mg rituximab, 23,400 units hyaluronidase/11.7mL 1,600mg rituximab, 26,800 units hyaluronidase/13.4mL				
RYDAPT® (midostaurin)	25mg		Take _____ mg by mouth two times a day with food continuously Take _____ mg by mouth two times a day with food on days _____ of cycle		
SCSEMBLIX® (asciminib)	20mg	40mg	Take 40mg by mouth two times a day without food Take 80mg by mouth daily without food Take 200mg by mouth two times a day without food Other:		
SORAFENIB (generic Nexavar®)	200mg		Take 2 tablets by mouth two times a day without food (1 hour before or 2 hours after a meal) Other:		
SPRYCEL® (dasatinib)	20mg	50mg 70mg	Take _____ mg by mouth once daily		
	80mg	100mg 140mg			

Injection Training

Patient received injection training	Prescriber's office to provide injection training	Meijer to coordinate injection training
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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

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