

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 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® (temozolamide)	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		
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
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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

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