

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
CYCLOPHOSPHAMIDE	25mg capsule 50mg capsule					
DARZALEX FASPRO® (daratumumab and hyaluronidase-fihj)	15ml single dose vial (120mg daratumumab, 2,000u hyaluronidase/ml)					
GLEEVEC® (imatinib)	100mg tablet 400mg tablet			Take ___mg by mouth ___ times a day Other:		
GLEOSTINE® (lomustine)	40mg capsule					
NINLARO® (ixazomib)	4mg capsule			Take 4mg (1 capsule) by mouth once daily on days 1, 8 and 15 of a 28 day cycle without food (at least 1 hour before or 2 hours after a meal) Other:		
ONUREG® (azacitidine)	200mg tablet 300mg tablet			Take 300mg (1 tablet) by mouth once daily on days 1-14 of each 28-day cycle Other:		
RITUXAN HYCELA® (rituximab and hyaluronidase)	11.7ml single dose vial (120mg rituximab, 2,000u hyaluronidase/ml) 13.4ml single dose vial (120mg rituximab, 2,000u hyaluronidase/ml)					
RYDAPT® (midostaurin)	25mg capsule			Take ___mg by mouth two times a day with food Other:		
SCEMBLIX® (asciminib)	20mg tablet 40mg tablet			Take ___mg by mouth ___ times a day without food Other:		
SPRYCEL® (dasatinib)	20mg tablet 50mg tablet	70mg tablet 80mg tablet	100mg tablet 140mg tablet	Take ___mg by mouth once daily Other:		
TABLOID® (thioguanine)	40mg tablet					
TARGRETIN® (bexarotene)	75mg capsule			Take ___mg by mouth once daily with a meal Other:		
	1% gel				# of 60 gram tubes: ____	
TASIGNA® (nilotinib)	50mg capsule 150mg capsule 200mg capsule			Take ___mg by mouth two times daily Other:		
ZOLINZA® (vorinostat)	100mg capsule			Take ___mg by mouth once daily with food Other:		

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.