meijer specialty pharmacy

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www.meijerspecialtypharmacy.com

Oncology (A-L)

Afinitor®, Afinitor Disperz®, Cyclophosphamide®, Farydak®, Gleevec®, Herceptin Hylecta™, Kisqali®, Kisqali® Femara® Co-Pack

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
○ **AFINITOR®** (everolimus)	○ 2.5mg ○ 5mg ○ 7.5mg ○ 10mg	○ Take _____ mg by mouth once daily		
○ **AFINITOR DISPERZ®** (everolimus tablets for oral suspension)	○ 2mg ○ 3mg ○ 5mg	○ Take _____ mg by mouth once daily		
○ **CYCLOPHOSPHAMIDE** (capsules)	○ 25mg ○ 50mg			
○ **FARYDAK®** (panobinostat)	○ 10mg ○ 15mg ○ 20mg	○ Take _____ mg by mouth every other day for 3 doses per week (on days 1, 3, 5, 8, 10 and 12) for the first 2 weeks of each 21-day cycle. ○ Other:		
○ **GLEEVEC®** (imatinib mesylate)	○ 100mg ○ 400mg	○ Take _____ mg by mouth once daily. ○ Take _____mg by mouth two times a day for the first 2 weeks of each 21-day cycle. ○ Other:		
○ **HERCEPTIN HYLECTA™** (trastuzumab and hyaluronidase-oysk)	○ 600mg trastuzumab/10,000 units hyaluronidase	○ Inject 600mg/10,000 units SQ over 2-5 minutes once every 3 weeks ○ Other:		
○ **KISQALI®** (ribociclib)	○ 200mg ○ 400mg ○ 600mg	○ Take _____ mg by mouth once daily for 21 days, followed by 7 days of rest		
○ **KISQALI® FEMARA® CO-PACK** (ribociclib + letrozole)	○ 200mg/2.5mg ○ 400mg/2.5mg ○ 600mg/2.5mg	○ Start both medications on the same day: **Kisqali:** Take _____ mg by mouth once daily for 21 days, followed by 7 days of rest **Femara:** Take 1 tablet by mouth daily for 28 days		
○ **LUPRON DEPOT®** (leuprolide acetate for depot suspension)	○ 7.5mg (1 month) ○ 22.5mg (3 months) ○ 30mg (4 months) ○ 45mg (6 months)	○ Administer 1 injection every 4 weeks ○ Administer 1 injection every 12 weeks ○ Administer 1 injection every 16 weeks ○ Administer 1 injection every 24 weeks		

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.