meijer specialty pharmacy

P: 1-855-263-4537 • F: 734-391-2365
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◯ **New/Changed Dose**

Cancer – General (N-Z)

Rydapt®, Sorafenib, Sunitinib, Tafinlar®, Temodar®, Vijoice®, Votrient®, Xeloda®

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
◯ **RYDAPT®** (midostaurin)	◯ 25mg capsule	◯ Take ___mg by mouth two times a day with food ◯ Other:		
◯ **SORAFENIB** (generic Nexavar®)	◯ 200mg tablet	◯ Take 400mg (2 tablets) by mouth two times a day without food ◯ Other:		
◯ **SUNITINIB** (generic Sutent®)	◯ 12.5mg capsule ◯ 37.5mg capsule ◯ 25mg capsule ◯ 50mg capsule	◯ Take ___mg by mouth once daily ◯ Take ___mg by mouth once daily for the first 4 weeks of a 6-week cycle ◯ Other:		
◯ **TAFINLAR®** (dabrafenib)	◯ 50mg capsule ◯ 75mg capsule ◯ 10mg tablet for oral suspension	◯ Take 150mg (2 capsules) by mouth two times a day without food (at least 1 hour before or 2 hours after a meal) ◯ Take ___mg by mouth two times a day without food (at least 1 hour before or 2 hours after a meal) ◯ Other:		
◯ **TEMODAR®** (temozolomide)	◯ 5mg capsule ◯ 140mg capsule ◯ 20mg capsule ◯ 180mg capsule ◯ 100mg capsule ◯ 250mg capsule			
◯ **VIJOICE®** (alpelisib)	◯ 50mg tablet ◯ 125mg tablet ◯ 200mg tablet	◯ Take ___mg by mouth once daily with food		
◯ **VOTRIENT®** (pazopanib)	◯ 200mg tablet	◯ Take ___mg by mouth once daily without food (at least 1 hour before or 2 hours after a meal) ◯ Other:		
◯ **XELODA®** (capecitabine)	◯ 150mg tablet ◯ 500mg tablet			

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.