

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
<b>AFINITOR®</b> (everolimus)	2.5mg tablet 5mg tablet	7.5mg tablet 10mg tablet	Take ___mg by mouth once daily Other:		
<b>AFINITOR DISPERZ®</b> (everolimus for oral suspension)	2mg tablet	3mg tablet	5mg tablet	Take ___mg by mouth once daily Other:	
<b>COTELLIC®</b> (cobimetinib)	20mg tablet		Take 3 tablets (60mg) by mouth once daily for the first 21 days of each 28-day cycle Other:		
<b>CYCLOPHOSPHAMIDE</b>	25mg capsule 50mg capsule				
<b>DARZALEX FASPRO®</b> (daratumumab and hyaluronidase-fihj)	15ml single dose vial (120mg daratumumab, 2,000u hyaluronidase/ml)				
<b>ERLOTINIB</b> (generic Tarceva®)	25mg tablet 100mg tablet 150mg tablet		Take ___mg by mouth once daily on an empty stomach Other:		
<b>GLEEVEC®</b> (imatinib)	100mg tablet 400mg tablet		Take ___mg by mouth ___ times a day Other:		
<b>GLEOSTINE®</b> (lomustine)	40mg capsule				
<b>HYCAMTIN®</b> (topotecan)	0.25mg capsule 1mg capsule		Take ___mg by mouth once daily for 5 days, starting on day 1 of a 21-day cycle Other:		
<b>IMKELDI®</b> (imatinib oral solution)	80mg/mL oral solution			30 day supply 90 day supply  *Quantity QS for days supply in multiples of 140ml	
<b>MEKINIST®</b> (trametinib)	0.5mg tablet 2mg tablet 0.05mg/ml solution		Take ___mg by mouth once daily without food (at least 1 hour before or 2 hours after a meal) 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.