

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:					

Notes to Pharmacy							

Prescription Information							
Medication	Dose/Strength			Sig	Quantity	Refills	
BOSUTINIB (generic Bosulif®)	100mg tablet	500mg tablet					
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						
IMKELDI® (imatinib oral solution)	80mg/mL oral solution				30 day supply 90 day supply *Quantity QS for days supply in multiples of 140ml		
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:			
SPRYCEL® (dasatinib)	20mg tablet	70mg tablet	100mg 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		Take ___mg by mouth two times daily Other:			
	200mg capsule						
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
----------------------	------	----------------------	------

Substitution Permitted

Dispense as Written