meijer specialty pharmacy

P: 1-855-263-4537 • F: 734-391-2365
www.meijerspecialtypharmacy.com

◯ **New/Changed Dose**

Cancer – Hematologic

Bosutinib, Cyclophosphamide, Darzalex Faspro®, Gleevec®, Gleostine®, Imkeldi®, Ninlaro®, Onureg®, Rituxan Hycela®, Rydapt®

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 ◯ 400mg 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:		

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.