meijer specialty pharmacy

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

◯ **New/Changed Dose**

Cancer – Hematologic

Sprycel®, Tabloid®, Targretin®, Tasigna®, Zenbexus™, Zolinza®

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
◯ **SPRYCEL®** (dasatinib)	◯ 20mg tablet ◯ 70mg tablet ◯ 100mg tablet ◯ 50mg tablet ◯ 80mg tablet ◯ 140mg 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 ◯ 200mg capsule	◯ Take ___mg by mouth two times daily ◯ Other:		
◯ **ZENBEXUS™** (iberdomide)	◯ 0.75mg capsule ◯ 1mg capsule	◯ Take 1 capsule by mouth once daily on days 1-21 of each 28-day cycle	◯ 1 bottle (21 capsules)	
◯ **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

If brand is required, please write "DAW" in the box to the right.