

## Physician Request Form Tasigna®

Fax to PerformRx Pharmacy Services at **215-937-5018**, or to speak to a representative call **800-588-6767**. Form must be completed for processing.

Patient Name: \_\_\_\_\_

Patient ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Apt # or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs = \_\_\_\_\_ Kg

Birth Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

Apt # or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-9 Diagnosis Code: \_\_\_\_\_

Sig (How Administered): \_\_\_\_\_

### SELECT APPROPRIATE DIAGNOSES SECTION:

- A. Philadelphia chromosome positive chronic myelogenous leukemia (Ph CML):
- Is this patient currently in the accelerated phase of Philadelphia chromosome positive chronic myelogenous leukemia? (please check)  Yes  No
  - Is this patient currently in the chronic phase of Philadelphia chromosome positive chronic myelogenous leukemia? (please check)  Yes  No
  - Has the patient tried/failed Gleevec (imatinib)?  Yes (please state what dose, rationale for discontinuing therapy and start/end date of therapy) \_\_\_\_\_  
\_\_\_\_\_

No, then why \_\_\_\_\_  
\_\_\_\_\_

- B. Labs (Please submit a copy of the most recent labs and/or complete the following - lab values should be within 30 days of request)

Potassium Level \_\_\_\_\_ Date of Lab \_\_\_\_\_ Magnesium Level \_\_\_\_\_ Date of labs: \_\_\_\_\_

- C. Electrocardiogram (ECG):
- Date of most recent electrocardiogram \_\_\_\_\_ and results \_\_\_\_\_ msec
  - Does the patient have a diagnosis of long QT syndrome? (please check)  Yes  No

- D. Diagnosis other than Philadelphia chromosome positive chronic myelogenous leukemia:

Rationale for choosing this treatment, please include all applicable documentation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_