



**Gleevec**

Gleevec (Imatinib Mesylate) is indicated for the treatment of Chronic Myeloid Leukemia (CML) in various phases and Gastrointestinal Stromal Tumors (GIST) which are unresectable and/or metastatic malignant GI stromal tumors

**Member Information**

**Relationship** (Circle)

Name \_\_\_\_\_

Subscriber Spouse Dependent

Enrollment / Cardholder ID \_\_\_\_\_

**Gender** (Circle)

Group / Plan \_\_\_\_\_

Male Female

Birth date \_\_\_\_\_

AGE: \_\_\_\_\_

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

City State Zip \_\_\_\_\_

**Practitioner Information**

Name \_\_\_\_\_

Agent / Contact Name \_\_\_\_\_

Specialty \_\_\_\_\_

Office / Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone ( ) - \_\_\_\_\_

Fax ( ) - \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

**CML / GIST**

Yes No (circle)

**Requested Drug / Pharmaceutical**

**Gleevec – Imatinib Mesylate**

**Strength / Dose**

\_\_\_\_\_

**Duration of Therapy** (Expected)

\_\_\_\_\_

**Condition / Diagnosis Related - Reason for Request**

\_\_\_\_\_

**Type of Request** (Circle)

One-Time On-Going

**Clinical Drug / Lab History Pertinent to Request**

Formulary Alternative(s) Attempted YES NO (Circle)

**Contact Pharmacy?** Y N

Pharmacy Phone Number

\_\_\_\_\_

Practitioner Signature