

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/Diagnosis Code:		Primary Pulmonary Hypertension (I27.0) Idiopathic PAH Familial PAH Secondary Pulmonary Arterial Hypertension (I27.21) Congenital heart disease Cystic Fibrosis (E84)							
Connective tissue disorder HIV COPD (J44.____) Other:									
Prior Treatment? Y N									
Notes to Pharmacy									
Prescription Information									
Medication		Quantity/Dose		Sig				Refills	
ADCIRCA® (tadalafil)		<u>20mg tablet</u> 30 day supply 90 day supply		Take 2 tablets (40mg) by mouth daily Other:					
BETHKIS® (tobramycin inhalation solution)		1 carton (56 ampules) 1 carton (28 ampules)		Inhale the contents of 1 ampule via nebulizer two times a day					
DUPIXENT® (dupilumab) PFS Pen		1 carton (2x300mg/2ml)		Inject 300mg SQ every other week					
ESBRIET® (pirfenidone)		267mg tablet (14 day supply)		Starter Dose: Take 1 tablet by mouth 3 times a day on days 1-7, then 2 tablets 3 times a day on days 8-14. Begin maintenance dose on day 15.				No Refills	
		<u>801mg tablet</u> 30 day supply 90 day supply		Maintenance Dose: Take 1 tablet by mouth 3 times a day Other:					
KITABIS® PAK (tobramycin inhalation solution)		1 carton (56 ampules)		Inhale the contents of 1 ampule via nebulizer two times a day					
MACITENTAN (generic Opsumit®)		<u>10mg tablet</u> 30 day supply 90 day supply		Take 1 tablet by mouth daily					
NINTEDANIB (generic Ofev®)		<u>100mg capsule</u> 30 day supply 90 day supply <u>150mg capsule</u> 30 day supply 90 day supply		Take 1 capsule by mouth twice daily					
NUCALA® (mepolizumab) Pen PFS Vial Sterile water for injection (to be used with Nucala vials) Number of vials: _____ Refills: _____		1 carton (1x100mg/ml)		Inject 100mg SQ once every 4 weeks					
Injection Training									
Patient received injection training			Prescriber's office to provide injection training			Meijer to coordinate injection training			
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.				