

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:    /    /						
Dermatology • 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:		Psoriasis Vulgaris (L40.0)		Other Psoriasis (L40.8)		Psoriasis unspecified (L40.9)		Psoriatic Arthritis (L40.5)		Hidradenitis Suppurativa (L73.2)   Chronic Urticaria (L50.8)	
Atopic Dermatitis (L20.9)		TB/PDD Test Given:   Y   N		Date of Neg. Test:    /    /		HBV Positive?   Y   N		If Yes, is patent currently treated?   Y   N			
Prior Treatment?   Y   N		BSA Affected (%):			Affected Areas:   Palms   Soles   Head   Neck   Genitalia   Other:						
Gastroenterology • 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:		K50.__ (Crohn's Disease)		K51.__ (Ulcerative Colitis)		Other:					
Date of Diagnosis:    /    /				Date of Negative TB Test:    /    /			Prior Treatment?   Y   N				
Rheumatology • 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:		M32.9 Active Systemic Lupus Erythematosus		M45.9 Ankylosing Spondylitis		M08.0 Juvenile Idiopathic Arthritis		L40.59 Psoriatic Arthritis		L40.54 Psoriatic Juvenile Arthritis	
M06.9 Rheumatoid Arthritis		M45.A ____ Non-Radiographic Axial Spondyloarthritis		Other:							
Date of Diagnosis:    /    /		Date of Neg. TB Test:    /    /		Any prior treatment?   Y   N							
Notes to Pharmacy											
Prescription Information											
Medication	Quantity/Dose			Sig					Refills		
REMICADE® (infliximab)	Number of 100mg vials: _____			Starter Dose: Infuse _____mg IV over 2 hours at weeks 0, 2 and 6					No Refills		
				Maintenance Dose: Infuse _____mg IV over 2 hours once every _____ weeks							
RITUXAN® (rituximab)	Number of 100mg/10ml vials: _____ Number of 500mg/50ml vials: _____			Starter Dose: Infuse 1000mg IV over 4-6 hours on day 1 and day 15					No Refills		
				Maintenance Dose: Infuse 1000mg IV over 4-6 hours every _____ weeks							
SIMPONI ARIA® (golimumab)	Number of 50mg/4ml vials: _____			Starter Dose: Infuse _____ mg IV over 30 minutes at weeks 0 and 4					No Refills		
				Maintenance Dose: Infuse _____ mg IV over 30 minutes once every 8 weeks							
SKYRIZI® (risankizumab-rzaa)	1 Vial (600mg/10ml) 2 Vials (600mg/10ml)			CD Starter Dose: Infuse 600mg IV over at least 1 hour at week 0, week 4 and week 8. Begin SQ maintenance regimen at week 12 UC Starter Dose: Infuse 1,200mg IV over at least 2 hours at week 0, week 4 and week 8. Begin SQ maintenance regimen at week 12.					2 Refills		
STELARA® (ustekinumab)	Number of 130mg/26ml vials: _____			Starter Dose: Begin the SQ maintenance regimen 8 weeks after the initial IV dose Weight > 85kg: Infuse 520mg IV over 1 hour Weight 56kg – 85kg: Infuse 390mg IV over 1 hour Weight ≤ 55kg: Infuse 260mg IV over 1 hour					No Refills		
TREMFYA® (guselkumab)	1 vial (200mg/20ml)			Starter Dose: Infuse 200mg IV over 1 hour at weeks 0, 4 and 8					2 Refills		
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		