

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
Office Contact:			Practice Name / Collaborating MD:				
Address:			City:		State:		Zip:
Home Phone:		Work/Cell:	HIPPA 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

Diagnosis Code:	M32.9 Active Systemic Lupus Erythematosus M32.14 Glomerular disease in systemic lupus erythematosus Other:		
Height: cm	Weight: kg	Date Measured: / /	Date of Negative TB Test: / /
Prior Therapy:		Reason for Discontinuation of Therapy:	Approx. Start Date: / /
			Approx. End Date: / /
Comorbidities:		Concomitant Medications:	Allergies: NKDA Other:

Prescription Information

Medication	Quantity/Dose	Sig	Refills
BENLYSTA® *SLE PFS Pen	1 carton (4x200mg/ml)	Maintenance Dose: Administer 200mg SQ once every week	
BENLYSTA® *Lupus nephritis PFS Pen	2 cartons (8x200mg/ml)	Starter Dose: Inject 400mg (two 200mg injections) SQ once weekly for 4 doses	No Refills
	1 carton (4x200mg/ml)	Maintenance Dose: Inject 200mg SQ once every week	
Other:			

Injection Training

Patient received injection training	Prescriber's office to provide injection training	Meijer to coordinate injection training
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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
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Substitution Permitted

Dispense as Written

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

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