

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:	Alopecia areata (L63) 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) Basal cell carcinoma (C44.) Other:					
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 (Provide Information Below)	BSA Affected (%):	Affected Areas: Palms Soles Head Neck Genitalia Other:			
Prior Therapy:		Reason for Discontinuation of Therapy:			Approx. Start Date: / /
					Approx. End Date: / /
Comorbidities:		Concomitant Medications:			

Prescription Information

Medication	Quantity/Dose	Sig	Refills
ENBREL® Mini™ PFS SureClick® Vial	6 cartons (24x50mg/mL)	Starter Dose: Inject 50 mg SQ twice a week (72-96 hours apart) x 3 months	No Refills
	1 carton (4x50mg/mL)	Maintenance Dose: Inject 50 mg SQ every week	
	PFS: 1 carton (4x25mg/0.5mL) Vial: 1 carton (4x25mg/mL)	Pediatric Dose: < 63 kg (138 lbs) Inject _____ mg (0.8mg/kg) SQ once a week Pediatric Dose: > 63 kg (138 lbs or more) Inject 50 mg SQ once a week	
HUMIRA®	 To prescribe Humira, please use the Humira & Biosimilars Referral form. Scan QR Code or click this link to view Referral Form.		
ILUMYA™	1 carton (1x100mg/mL PFS)	Starter Dose: Inject 100mg SQ at week 0. Start maintenance dose at week 4	No Refills
		Maintenance Dose: Inject 100mg SQ every 12 weeks	
ODOMZO®	200 mg capsule (30 capsules)	Take 1 capsule (200 mg) by mouth once daily on an empty stomach, at least 1 hour before or 2 hours after a meal	
OLUMIANT®	2mg tablets (30 day supply)	Take 1 tablet by mouth once daily Take 2 tablets by mouth once daily	
ORENCIA® *Adults	Clickject PFS 1 carton (4x125mg/ml)	Maintenance Dose: Inject 125 mg SQ once every week	
ORENCIA® *Pediatrics	1 carton (4x125mg/ml) Clickject® Pen	Weight 10-24kg: Inject 50mg SQ once every week	
	1 carton (4x125mg/ml) PFS	Weight 25-49kg: Inject 87.5mg SQ once every week	
	1 carton (4x87.5mg/0.7ml)	Weight 50kg+: Inject 125mg SQ once every week	
	1 carton (4x50mg/0.4ml)		
OTEZLA®	30 mg tablet (55 tabs for 28 Day Starter Pack)	Starter Dose: Take as directed per package instructions	No Refills
	30 mg tablet (60 tablets)	Maintenance Dose: Take 1 tablet by mouth twice daily	
RINVOQ™	15mg tablet (30 tablets)	Take one tablet by mouth once daily	
	30mg tablet (30 tablets)		

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.