

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 <b>If Yes, list allergies:</b>							

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 Other:						
Prior Treatment? Y N (Provide Information Below)						
Prior Therapy:			Reason for Discontinuation of Therapy:		Approx. Start Date: / /	
					Approx. End Date: / /	
Comorbidities:			Concomitant Medications:			

Prescription Information			
Medication	Quantity/Dose	Sig	Refills
<b>ADCIRCA®</b> (tadalafil)	<b>20mg tablet</b> 30 day supply 90 day supply	Take 2 tablets (40mg) by mouth daily Other:	
<b>BETHKIS®</b> (tobramycin inhalation solution)	1 carton (56 ampules) 1 carton (28 ampules)	Inhale the contents of 1 ampule via nebulizer two times a day	
<b>BOSENTAN</b> (generic Tracleer®)	62.5mg tablet	<b>Starter Dose:</b> Take 62.5mg two times a day for 4 weeks	<b>No Refills</b>
	<b>125mg tablet</b> 30 day supply 90 day supply	<b>62.5mg tablet</b> 30 day supply 90 day supply	<b>Maintenance Dose:</b> Patients >12 years old and >40kg: Take 125mg two times a day Patients > 12 years old and <40kg: Take 62.5mg two times a day Other:
<b>ESBRIET®</b> (pirfenidone)	267mg tablet (14 day supply)	<b>Starter Dose:</b> 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.	<b>No Refills</b>
	<b>801mg tablet</b> 30 day supply 90 day supply	<b>Maintenance Dose:</b> Take 1 tablet by mouth 3 times a day Other:	
<b>KITABIS® PAK</b> (tobramycin inhalation solution)	1 carton (56 ampules)	Inhale the contents of 1 ampule via nebulizer two times a day	

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.