


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										
Diagnosis:	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 Diagnosis: / /		Date of Neg. TB Test: / /		Any prior treatment? Y N If Yes, provide information below:						
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		
HUMIRA®		 <p>To prescribe Humira, please use the Humira & Biosimilars Referral form. Scan QR Code or click this link to view Referral Form.</p>								
ILARIS®		150mg/ml vial (28 day supply)			Inject ____ mg SQ every 4 weeks Other:					
KEVZARA® PFS Pen		1 carton (2x200mg/1.14ml) 1 carton (2x150mg/1.14ml)			Inject 200mg SQ every 2 weeks Inject 150mg SQ every 2 weeks					
OLUMIANT®		2mg tablet (30 day supply)			Take 1 tablet 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 1 carton (4x125mg/ml) PFS 1 carton (4x87.5mg/0.7ml) 1 carton (4x50mg/0.4ml)			Weight 10-24kg: Inject 50mg SQ once every week Weight 25-49kg: Inject 87.5mg SQ once every week Weight 50kg+: Inject 125mg SQ once every week					
OTEZLA®		Starter Pack: 10/20/30mg tablets (55 tabs for 28 days)			Starter Dose: Take as directed per package instructions			No Refills		
		30 mg tablet (60 tablets)			Maintenance Dose: Take 1 tablet (30mg) by mouth twice daily					
OTREXUP™		1 carton (4x10mg/0.4ml)	1 carton (4x20mg/0.4ml)	1 carton (4x12.5mg/0.4ml)	1 carton (4x22.5mg/0.4ml)	1 carton (4x15mg/0.4ml)	1 carton (4x25mg/0.4ml)	Inject ____mg SQ every week		
		1 carton (4x17.5mg/0.4ml)								
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.