

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
<b>DUPIXENT®</b> *Pediatrics (age 6 months to 5 years) PFS Pen *Dupixent pens only for use in children aged 2 and older	1 carton (2x200mg/1.14mL) 1 carton (2x300mg/2mL)	<b>Weight 5-14kg:</b> Inject 200mg SQ every 4 weeks <b>Weight 15-29kg:</b> Inject 300mg SQ every 4 weeks	
<b>DUPIXENT®</b> *Pediatrics (age 6 & older) PFS Pen	1 carton (2x200mg/1.14mL) 1 carton (2x300mg/2mL)	<b>Starter Dose:</b> <b>Weight 15-29kg:</b> Inject 600mg at week 0. Begin maintenance dose at week 4 <b>Weight 30-59kg:</b> Inject 400mg SQ at week 0. Begin maintenance dose at week 2 <b>Weight ≥ 60kg:</b> Inject 600mg SQ at week 0. Begin maintenance dose at week 2	<b>No Refills</b>
	1 carton (2x200mg/1.14mL) 1 carton (2x300mg/2mL)	<b>Maintenance Dose:</b> <b>Weight 15-29kg:</b> Inject 300mg SQ every 4 weeks <b>Weight 30-59kg:</b> Inject 200mg SQ every 2 weeks <b>Weight ≥ 60kg:</b> Inject 300mg SQ every 2 weeks	
<b>DUPIXENT®</b> *Adults PFS Pen	1 carton (2x300mg/2mL)	<b>Starter Dose:</b> Inject 600mg SQ at week 0. Begin maintenance dose at week 2	<b>No Refills</b>
	1 carton (2x300mg/2mL)	<b>Maintenance Dose:</b> Inject 300mg SQ every 2 weeks	

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
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Substitution Permitted

Dispense as Written

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