meijer specialty pharmacy

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Dermatology (D-E)

Dupixent™, Ebglyss™, Enbrel®

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
◯ **DUPIXENT®** **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)	◯ **Weight 5-14kg:** Inject 200mg SQ every 4 weeks ◯ **Weight 15-29kg:** Inject 300mg SQ every 4 weeks	
◯ **DUPIXENT®** **Pediatrics (age 6 & older)* ◯ PFS ◯ Pen	◯ 1 carton (2x200mg/1.14mL) ◯ 1 carton (2x300mg/2mL)	**Starter Dose:** ◯ **Weight 15-29kg:** Inject 600mg at week 0. Begin maintenance dose at week 4 ◯ **Weight 30-59kg:** Inject 400mg SQ at week 0. Begin maintenance dose at week 2 ◯ **Weight ≥ 60kg:** Inject 600mg SQ at week 0. Begin maintenance dose at week 2	**No Refills**
	◯ 1 carton (2x200mg/1.14mL) ◯ 1 carton (2x300mg/2mL)	**Maintenance Dose:** ◯ **Weight 15-29kg:** Inject 300mg SQ every 4 weeks ◯ **Weight 30-59kg:** Inject 200mg SQ every 2 weeks ◯ **Weight ≥ 60kg:** Inject 300mg SQ every 2 weeks	
◯ **DUPIXENT®** **Adults* ◯ PFS ◯ Pen	◯ 1 carton (2x300mg/2mL)	◯ **Starter Dose:** Inject 600mg SQ at week 0. Begin maintenance dose at week 2	**No Refills**
	◯ 1 carton (2x300mg/2mL)	◯ **Maintenance Dose:** Inject 300mg SQ every 2 weeks	
◯ **EBGLYSS™**	◯ QS for appropriate month of starter dose schedule	**Starter Dose:** ◯ Inject 500mg (two 250mg injections) SQ at week 0 and 2, then 250mg SQ every 2 weeks until week 16 or later (when adequate clinical response is achieved)	**4 Refills**
	◯ 1 carton (1x250mg/2ml) PEN	**Maintenance Dose:** ◯ Inject 250mg SQ every 4 weeks	
◯ **ENBREL®** **Adults* ◯ Mini™ ◯ PFS ◯ SureClick® ◯ Vial	◯ 2 cartons (8x50mg/mL)	◯ **Starter Dose:** Inject 50 mg SQ twice a week (72-96 hours apart) x 3 months	**2 Refills**
	◯ 1 carton (4x50mg/mL)	◯ **Maintenance Dose:** Inject 50 mg SQ every week	
◯ **ENBREL®** **Pediatrics* ** 25mg dose only available in vial & PFS* ◯ Mini™ ◯ PFS ◯ SureClick® ◯ Vial	◯ 1 carton (4x25mg/mL) ◯ 1 carton (4x50mg/mL)	◯ **Weight <63kg:** Inject ____mg (0.8mg/kg) SQ once a week ◯ **Weight ≥ 63kg:** Inject 50mg SQ once a week	

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.