

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
HUMIRA® *Adults PFS Pen	Psoriasis/Uveitis Starter Pack (1x80mg/0.8ml, 2x40mg/0.4ml) CD/UC/HS Starter Pack (3x80mg/0.8ml)	Starter Dose: Inject 80mg SQ on day 1. Begin maintenance dosing on day 8. Inject 160mg SQ on day 1, then 80mg on day 15. Begin maintenance dosing on day 29. Inject 80mg SQ on day 1, then 80mg on day 2, then 80mg on day 15. Begin maintenance dosing on day 29.	No Refills
	1 carton (2x40mg/0.4ml) 2 cartons (4x40mg/0.4ml) 1 carton (2x80mg/0.8ml) – PEN ONLY	Maintenance Dose: Inject 40mg SQ every other week Inject 40mg SQ every week Inject 80mg SQ every other week	
HUMIRA® *Adolescents age 12+ (HS) PFS Pen	Psoriasis/Uveitis Starter Pack (1x80mg/0.8ml, 2x40mg/0.4ml) CD/UC/HS Starter Pack (3x80mg/0.8ml)	Starter Dose: Weight 30kg (66lbs) to < 60kg (132lbs): Inject 80mg SQ on day 1. Begin maintenance dosing on day 8. Weight 30kg (66lbs) to < 60kg (132lbs): Inject 160mg SQ on day 1, then 80mg on day 15. Begin maintenance dosing on day 29. Inject 80mg SQ on day 1, then 80mg on day 2, then 80mg on day 15. Begin maintenance dosing on day 29.	No Refills
	1 carton (2x40mg/0.4ml) 2 cartons (4x40mg/0.4ml) 1 carton (2x80mg/0.8ml) – PEN ONLY	Maintenance Dose: Weight 30kg (66lbs) to < 60kg (132lbs): Inject 40mg SQ every other week Weight 30kg (66lbs) to < 60kg (132lbs): Inject 40mg SQ every week Inject 80mg SQ every other week	
 To prescribe a biosimilar, 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	

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.