meijer specialty pharmacy

P: 1-855-263-4537 • F: 1-734-391-2365
www.meijerspecialtypharmacy.com

◯ New/Changed Dose

Pulmonology (A-K)

Adcirca®, Bethkis®, Dupixent®, Esbriet®, Kitabis® Pak

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: ◯ 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 ◯ COPD (J44.____) ◯ 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
◯ **ADCIRCA®** **(tadalafil)**	◯ **20mg tablet** ◯ 30 day supply ◯ 90 day supply	◯ Take 2 tablets (40mg) by mouth daily ◯ Other:	
◯ **BETHKIS®** **(tobramycin inhalation solution)**	◯ 1 carton (56 ampules) ◯ 1 carton (28 ampules)	◯ Inhale the contents of 1 ampule via nebulizer two times a day	
◯ **DUPIXENT®** **(dupilumab)** ◯ PFS ◯ Pen	◯ 1 carton (2x300mg/2ml)	◯ Inject 300mg SQ every other week	
◯ **ESBRIET®** **(pirfenidone)**	◯ 267mg tablet (14 day supply)	**Starter Dose:** ◯ 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.	**No Refills**
	◯ **801mg tablet** ◯ 30 day supply ◯ 90 day supply	**Maintenance Dose:** ◯ Take 1 tablet by mouth 3 times a day ◯ Other:	
◯ **KITABIS® PAK** **(tobramycin inhalation solution)**	◯ 1 carton (56 ampules)	◯ Inhale the contents of 1 ampule via nebulizer two times a day	

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.