

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
Office Contact:			Practice Name / Collaborating MD:				
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
ACTEMRA® PFS ACTPen®	2 cartons (2x162mg/0.9ml) 4 cartons (4x162mg/0.9ml)	Inject 162 mg SQ every other week (<100kg) Inject 162 mg SQ every week (>100kg)	
BENLYSTA® PFS Pen	1 carton (4x200mg/ml autoinjector) 1 carton (4x200mg/ml PFS)	Maintenance Dose: Administer 200mg SQ once every week	
BIMZELX® PFS Pen	1 carton (1x160 mg/ml)	Inject 160mg SQ every 4 weeks	
CIMZIA® <i>*Adults</i> PFS Vial	PFS Only: Starter Kit (6x200mg/ml) 1 carton (6x200 mg/ml)	Starter Dose: Inject 400 mg SQ at weeks 0, 2, and 4 Maintenance Dose: Inject 400 mg SQ every 4 weeks Maintenance Dose: Inject 200 mg SQ every 2 weeks	No Refills
CIMZIA® <i>*Pediatrics (age 2 & older)</i>	2 cartons (4x200mg) vials 3 cartons (6x200mg) vials 3 cartons (6x200mg/ml) PFS 1 carton (2x200mg) vials 1 carton (2x200mg/ml) PFS	Starter Dose: Weight 10-19kg: Inject 100mg SQ at weeks 0, 2 and 4. Weight 20-39kg: Inject 200mg SQ at weeks 0, 2 and 4. Weight ≥ 40kg: Inject 400mg SQ at weeks 0, 2 and 4. Maintenance Dose: Weight 10-19kg: Inject 50mg SQ every 2 weeks. Weight 20-39kg: Inject 100mg SQ every 2 weeks. Weight ≥ 40kg: Inject 200mg SQ every 2 weeks	No Refills
COSENTYX® <i>*Pediatrics (age 2 & older)</i>	4 cartons (4x75mg/0.5ml) PFS 4 cartons (4x150mg/ml) PFS 4 cartons (4x150mg/ml) PEN 1 carton (1x75mg/0.5ml) PFS 1 carton (1x150mg/ml) PFS 1 carton (1x150mg/ml) PEN	Starter Dose: Weight 15-49kg: Inject 75mg SQ at weeks 0, 1, 2 and 3. Weight ≥ 50kg: Inject 150mg SQ at weeks 0, 1, 2 and 3. Maintenance Dose: Weight 15-49kg: Inject 75mg SQ every 4 weeks beginning on Day 29. Weight ≥ 50kg: Inject 150mg SQ every 4 weeks beginning on Day 29.	No Refills
COSENTYX® <i>*Adults</i> PFS Sensoready® Pen	4 cartons (8x150mg/ml) 4 cartons (4x150mg/ml) 1 carton (2x150mg/ml) 1 carton (1x150mg/ml)	Starter Dose: Inject 300 mg SQ at weeks 0, 1, 2, 3 Starter Dose: Inject 150 mg SQ at weeks 0, 1, 2, 3 Maintenance Dose: Inject 300 mg SQ every 4 weeks beginning on Day 29 Maintenance Dose: Inject 150 mg SQ every 4 weeks beginning on Day 29	No Refills
ENBREL® Mini™ PFS SureClick® Vial	1 carton (4 x 50mg/ml) Other:	Inject 50 mg SQ every week Other Regimen:	

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.