meijer specialty pharmacy

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Dermatology (A-O)

Cimzia®, Cosentyx®, Dupixent®, Enbrel®, Erivedge®, Humira®, Odomzo®, Orencia®, Otezla®

Physician Information

Send updates to: ◯ Fax: _____ ◯ Email: _____

Prescriber Name:		◯MD ◯DO ◯NP ◯PA	NPI:
Office Contact:		Practice Name / Supervising MD:	
Address:		City:	
State:	Zip:	Phone:	Fax:

Patient Information | PLEASE SEND COPY OF INSURANCE CARD

Patient's Name:	Last 4 Digits of SS#:	DOB: / /	Sex: ◯ M ◯ F	Weight:	Height:	Diabetic: ◯ Y ◯ N
Address:	City:	State:	Zip:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? ◯ Y ◯ N		

Insurance Information

Primary Insurance:	Policy ID:	Group #:	
Policyholder Name:	Policyholder DOB:	BIN:	PCN:

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:	◯ 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._____)	TB/PDD Test Given? ◯Y ◯N	Date of Neg. Test: / /	HBV Positive? ◯Y ◯N	If yes, patient 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:	Allergies: ◯ NKDA ◯ Other:				

Prescription Information

Medication	Quantity/Dose	Sig	Refills
◯ **CIMZIA®** ◯ PFS ◯ Vials	◯ 1 starter kit (6x200mg/mL)	◯ **Starter Dose:** Inject 400 mg SQ at weeks 0, 2 and 4	No Refills
	◯ 1 carton (2x200mg/mL) ◯ 2 cartons (4x200mg/mL)	**Maintenance Dose:** ◯ Inject 400mg SQ every 4 weeks ◯ Inject 200mg SQ every 2 weeks ◯ Inject 400mg SQ every other week *(plaque psoriasis only)* ◯ Inject 200mg SQ every other week	
◯ **COSENTYX®** ◯ PFS ◯ Sensoready® Pen	◯ 4 cartons (8x150mg/mL) ◯ 4 cartons (4x150mg/mL)	◯ **Starter Dose:** Inject 300 mg SQ at weeks 0, 1, 2, and 3 ◯ **Starter Dose:** Inject 150 mg SQ at weeks 0, 1, 2, and 3	No Refills
	◯ 1 carton (2x150mg/mL) ◯ 1 carton (1x150mg/mL)	◯ **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	
◯ **DUPIXENT®** ◯ PFS (with needle shield)	◯ 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 at every 2 weeks	
◯ **ENBREL®** ◯ Mini ◯ PFS ◯ SureClick® ◯ Vial	◯ 6 cartons (24x50mg/mL)	◯ **Starter Dose:** Inject 50 mg SQ twice a week (72-96 hours apart) x 3 months	No Refills
	◯ 1 carton (4x50mg/mL)	◯ **Maintenance Dose:** Inject 50 mg SQ every week	
	◯ **PFS:** 1 carton (4x25mg/0.5mL) ◯ **Vial:** 1 carton (4x25mg/mL)	◯ **Pediatric Dose:** < 63 kg (138 lbs) Inject _____ mg (0.8mg/kg) SQ once a week ◯ **Pediatric Dose:** > 63 kg (138 lbs or more) Inject 50 mg SQ once a week	
◯ **ERIVEDGE®**	◯ 150mg capsule (28 capsules)	◯ Take 1 capsule by mouth once daily	
◯ **HUMIRA®** (Plaque Psoriasis) ◯ Pens ◯ PFS	**Pens Only:** ◯ Starter Kit (4x40mg/0.8mL) ◯ Citrate-Free Starter Kit (1x80mg/0.8ml, 2x40mg/0.4ml)	◯ **Starter Dose:** Inject 80 mg SQ Day 1, then 40mg on day 8, then 1 pen every 2 weeks	No Refills
	◯ 1 carton (2x40mg/0.8mL) ◯ Citrate Free: 1 carton (2x40mg/0.4ml)	◯ **Maintenance Dose:** Inject 40 mg SQ every 2 weeks	
HUMIRA® ◯ (Hidradenitis Suppurativa) ◯ Pens ◯ PFS	**Pens Only:** ◯ Starter Kit (6x40mg/0.8ml) ◯ Citrate-Free Starter Kit (3x80mg/0.8ml)	◯ **Starter Dose:** Inject 160 mg SQ Day 1 (or 80 mg SQ on Day 1 and Day 2); then 80mg on Day 15.	No Refills
	◯ 2 cartons (4x40mg/0.8mL) ◯ Citrate Free: 2 cartons (4x40mg/0.4ml)	◯ **Maintenance Dose:** Inject 40mg SQ every week beginning on Day 29	
◯ **ODOMZO®** ◯ Capsule	◯ 200 mg capsule (30 capsules)	◯ Take 1 capsule (200 mg) by mouth once daily on an empty stomach, at least 1 hour before or 2 hours after a meal	
◯ **ORENCIA®** ◯ Clickject® ◯ PFS	◯ 1 carton (4x125mg/ml)	◯ **Maintenance Dose:** Inject 125 mg SQ once every week	
◯ **OTEZLA®** ◯ Tablet	◯ 30 mg tablet (55 tabs for 28 Day Starter Pack)	◯ **Starter Dose:** Take as directed per package instructions	No Refills
	◯ 30 mg tablet (60 tablets)	◯ **Maintenance Dose:** Take 1 tablet by mouth twice daily	

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.

Physician Signature: Date	Physician Signature: Date
Substitution Permitted	Dispense as Written