meijer specialty pharmacy

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# Rheumatology (A-H)

**Actemra®, Benlysta®, Cimzia®, Cosentyx®, Enbrel®, Humira®**

## 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: | HIPPA 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 Juvenille Arthritis

◯ M06.9 Rheumatoid Arthritis ◯ M46.8 Non-Radiographic Axial Spondyloarthritis ◯ Other:

| | | |
|---|---|---|
| Date of Diagnosis: / / | Date of Negative TB Test: / / | Any prior treatment? ◯ Y ◯ N **If Yes, provide information below** |

| | | | |
|---|---|---|---|
| Prior Therapy: | Reason for Discontinuation of Therapy: | Approximate Start Date: | Approximate End Date: |

| | | | |
|---|---|---|---|
| Comorbidities: | | Concomitant Medications: | |
| Allergies: ◯ NKDA ◯ Other: | **Treatment Arrangements** | Ship Meds: ◯ Home ◯ Prescribers Office | Start Date: / / |

## Prescription Information

| Medication | Quantity/Dose | Sig | Refills |
|---|---|---|---|
| ◯ **ACTEMRA®**<br>◯ PFS ◯ ACTPen® | ◯ 2 cartons (2x162mg/0.9ml)<br>◯ 4 cartons (4x162mg/0.9ml) | ◯ Inject 162 mg SQ every other week (<100kg)<br>◯ Inject 162 mg SQ every week (>100kg) | |
| ◯ **BENLYSTA®**<br>◯ PFS ◯ Pen | ◯ 1 carton (4x200mg/ml autoinjector)<br>◯ 1 carton (4x200mg/ml PFS) | ◯ **Maintenance Dose:** Administer 200mg SQ once every week | |
| ◯ **CIMZIA®**<br>◯ PFS ◯ Vial | ◯ **PFS Only:** Starter Kit (6x200mg/ml) | ◯ **Starter Dose:** Inject 400 mg SQ at weeks 0, 2, and 4 | **No Refills** |
| | ◯ 1 carton (2x200 mg/ml) | ◯ **Maintenance Dose:** Inject 400 mg SQ every 4 weeks<br>◯ **Maintenance Dose:** Inject 200 mg SQ every 2 weeks | |
| ◯ **COSENTYX®**<br>◯ PFS ◯ Sensoready® Pen | ◯ 4 cartons (8x150mg/ml)<br>◯ 4 cartons (4x150mg/ml) | ◯ **Starter Dose:** Inject 300 mg SQ at weeks 0, 1, 2, 3<br>◯ **Starter Dose:** Inject 150 mg SQ at weeks 0, 1, 2, 3 | **No Refills** |
| | ◯ 1 carton (2x150mg/ml)<br>◯ 1 carton (1x150mg/ml) | ◯ **Maintenance Dose:** Inject 300 mg SQ every 4 weeks beginning on Day 29<br>◯ **Maintenance Dose:** Inject 150 mg SQ every 4 weeks beginning on Day 29 | |
| ◯ **ENBREL®**<br>◯ Mini™ ◯ PFS ◯ SureClick® ◯ Vial | ◯ 1 carton (4 x 50mg/ml)<br>◯ **Other:** | ◯ Inject 50 mg SQ every week<br>◯ **Other Regimen:** | |
| ◯ **HUMIRA®**<br>◯ PFS ◯ Pen | **Citrate Free**<br>◯ 1 carton (2x40mg/0.4ml)<br>◯ 2 cartons (4x40mg/0.4ml)<br>◯ 1 carton (2x80mg/0.8ml) PEN ONLY | ◯ Inject 40mg SQ every other week<br>◯ Inject 40mg SQ every week*<br>◯ Inject 80mg SQ every other week*<br>**For patients with moderate-to-severe disease not taking concomitant MTX* | |
| ◯ **HUMIRA®** (Pediatric) | ◯ 1 carton (2x10mg/0.1mL PFS)<br>◯ 1 carton (2x20mg/0.2mL PFS)<br>◯ 1 carton (40mg/0.4mL PFS)<br>◯ 1 carton (40mg/0.4mL PEN) | ◯ **Weight 10-14kg:** Inject 10mg SQ every other week<br>◯ **Weight 15-29kg:** Inject 20mg SQ every other week<br>◯ **Weight ≥30kg:** Inject 40mg SQ every other week | |
| ◯ **HUMIRA®** (Uveitis)<br>◯ PFS ◯ Pen | ◯ **Pens Only:** Citrate Free Starter Kit (1x80mg/0.8ml, 2x40mg/0.4ml) | ◯ Inject 80mg SQ on Day 1, then 40mg on day 8, then 40mg every 2 weeks | **No Refills** |
| | ◯ Citrate Free 1 carton (2x40mg/0.4ml) | ◯ Inject 40mg SQ every 14 days | |

## 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.**