

Prescriber Information

Ship Meds to: Patient's Home Prescriber's Office

Prescriber Name:		<input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> NP <input type="radio"/> 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: <input type="radio"/> M <input type="radio"/> 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: **Crohn's Disease:** K50.0 (Crohn's of the **Small** Intestine) K50.1 (Crohn's of the **Large** Intestine) K50.8 (Crohn's of **Both** Intestines) K50.9 (Crohn's, Unspecified)

Ulcerative Colitis: K51.0 (Ulcerative Pancolitis) K51.2 (Ulcerative Procolitis) K51.3 (Ulcerative Rectosigmoiditis) K51.5 (Left Sided Colitis) K51.8 (Other Ulcerative Colitis)

K51.9 (Ulcerative Colitis, Unspecified) K58.0 (Irritable Bowel Syndrome with Diarrhea) Other:

Date of Diagnosis: / / Date of Negative TB Test: / / Any prior treatment? Yes No (provide information below)

Prior Therapy Reason for Discontinuation of Therapy

Prescription Information

Medication	Quantity/Strength	Sig	Refills
<input type="radio"/> CIMZIA® <input type="radio"/> PFS <input type="radio"/> Vials	<input type="radio"/> Prefilled Syringe Starter Kit (6x200mg/ml) <input type="radio"/> 1 carton (2x200mg/ml)	<input type="radio"/> Starter Dose: Inject 400mg SQ at weeks 0, 2, and 4 <input type="radio"/> Maintenance Dose: Inject 400mg SQ every 4 weeks <input type="radio"/> Maintenance Dose: Inject 200mg SQ every 2 weeks	
<input type="radio"/> HUMIRA® <input type="radio"/> Pen <input type="radio"/> PFS	Pens Only: <input type="radio"/> Citrate Free Starter Kit (3x80mg/0.8ml) <input type="radio"/> Citrate Free 1 carton (2x40mg/0.4ml)	Starter Dose (children ≥ 40kg and adults): <input type="radio"/> Inject 160mg SQ on day 1, then 80mg on day 15, then begin maintenance dosing on day 29 <input type="radio"/> Inject 80mg SQ on days 1 and 2, then 80mg on day 15, then begin maintenance dosing on day 29 <input type="radio"/> Maintenance Dose: Inject 40mg SQ every 14 days	No Refills
<input type="radio"/> HUMIRA® (Pediatric Crohn's Disease)	Starter Kit: <input type="radio"/> 1 carton (3x80mg/0.8mL PFS) <input type="radio"/> 1 carton (1x80mg/0.8mL + 1x40mg/0.4mL PFS) <input type="radio"/> 1 carton (2x20mg/0.2mL PFS) <input type="radio"/> 1 carton (2x40mg/0.4mL PFS) <input type="radio"/> 1 carton (2x40mg/0.4mL PEN)	Starter Dose: Weight 17-39kg: <input type="radio"/> Inject 80mg SQ on day 1, then 40mg on day 15, then begin maintenance dosing on day 29 Weight ≥ 40kg: <input type="radio"/> Inject 160mg on day 1, then 80mg on day 15, then begin maintenance dosing on day 29 <input type="radio"/> Inject 80mg SQ on days 1 and 2, then 80mg on day 15, then begin maintenance dosing on day 29 Maintenance Dose: <input type="radio"/> Inject 20mg SQ every 14 days <input type="radio"/> Inject 40mg SQ every 14 days	No Refills
<input type="radio"/> HUMIRA® (Pediatric Ulcerative Colitis)	Starter Dose: Weight 17-39kg: <input type="radio"/> 2 cartons (4x40mg/0.4mL PEN) Starter Kit: Weight ≥ 40kg <input type="radio"/> 1 carton (4x80mg/0.8ml) PEN <input type="radio"/> 2 cartons (4x20mg/0.2mL PFS) <input type="radio"/> 1 carton (2x40mg/0.4mL PFS) <input type="radio"/> 1 carton (2x40mg/0.4mL PEN) <input type="radio"/> 2 cartons (4x40mg/0.4mL PFS) <input type="radio"/> 2 cartons (4x40mg/0.4mL PEN) <input type="radio"/> 1 carton (2x80mg/0.8mL PEN)	Starter Dose: Weight 17-39kg: <input type="radio"/> Inject 80mg SQ on day 1, then 40mg on day 8, then 40mg on day 15. Begin maintenance dosing on day 29 Weight ≥ 40kg <input type="radio"/> Inject 160mg SQ on day 1, then 80mg on day 8, then 80mg on day 15. Begin maintenance dosing on day 29. <input type="radio"/> Inject 80mg SQ on days 1 and 2, then 80mg on day 8, then 80mg on day 15. Begin maintenance dosing on day 29. Maintenance Dose: Weight 20-39kg: <input type="radio"/> Inject 40mg SQ every other week <input type="radio"/> Inject 20mg SQ every week Weight ≥ 40kg: <input type="radio"/> Inject 80mg SQ every other week <input type="radio"/> Inject 20mg SQ every week	No Refills

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.