

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:	Alopecia areata (L63)	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.____) Other:					
TB/PDD Test Given: Y N	Date of Neg. Test: / /	HBV Positive? Y N If Yes, is patent 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:			

Prescription Information

Medication	Quantity/Dose	Sig	Refills
ODOMZO®	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	
OLUMIANT®	2mg tablets (30 day supply) 4mg tablets (30 day supply)	Take 1 tablet by mouth once daily	
ORENCIA® Clickject PFS *Adults	1 carton (4x125mg/ml)	Maintenance Dose: Inject 125 mg SQ once every week	
ORENCIA® *Pediatrics	1 carton (4x125mg/ml) Clickject® Pen 1 carton (4x125mg/ml) PFS 1 carton (4x87.5mg/0.7ml) 1 carton (4x50mg/0.4ml)	Weight 10-24kg: Inject 50mg SQ once every week Weight 25-49kg: Inject 87.5mg SQ once every week Weight 50kg+: Inject 125mg SQ once every week	
OTEZLA® *Adults	Starter Pack: Immediate Release Extended Release (XR)	Starter Dose: Take as directed per package instructions	No Refills
	30mg IR tablet (60 tablets) 75mg XR tablet (30 tablets)	Maintenance Dose: Take 1 tablet by mouth twice daily Take 1 tablet by mouth daily	
OTEZLA® *Pediatrics	Weight 20-49kg: Pediatric Starter Pack (55 tabs for 28 day starter pack) Weight 50kg or more: Adult Immediate Release Starter Pack Adult XR Starter Pack	Starter Dose: Take as directed per package instructions	No Refills
	Weight 20-49kg: 20mg tablet (60 tablets) Weight 50kg or more: 30mg IR tablet (60 tablets) 75mg XR tablet (30 tablets)	Maintenance Dose: Take 1 tablet by mouth twice daily Take 1 tablet by mouth daily	

Injection Training

Patient received injection training	Prescriber's office to provide injection training	Meijer to coordinate injection training
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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.