meijer specialty pharmacy

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New/Changed Dose

Rheumatology (H-O)

Humira®, Ilaris®, Kevzara®, Olumiant®, Orencia®, Otezla®, Otrexup™

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

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 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
HUMIRA®	To prescribe Humira, please use the Humira & Biosimilars Referral form. **Scan QR Code or** click this link to view Referral Form.		
ILARIS®	150mg/ml vial (28 day supply)	Inject ______ mg SQ every 4 weeks **Other:**	
KEVZARA® PFS Pen	1 carton (2x200mg/1.14ml) 1 carton (2x150mg/1.14ml)	Inject 200mg SQ every 2 weeks Inject 150mg SQ every 2 weeks	
OLUMIANT®	2mg tablet (30 day supply)	Take 1 tablet by mouth once daily	
ORENCIA® **Adults* Clickject® PFS	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®	**Starter Pack:** 10/20/30mg tablets (55 tabs for 28 days)	**Starter Dose:** Take as directed per package instructions	**No Refills**
	30 mg tablet (60 tablets)	**Maintenance Dose:** Take 1 tablet (30mg) by mouth twice daily	
OTREXUP™	1 carton (4x10mg/0.4ml) 1 carton (4x12.5mg/0.4ml) 1 carton (4x15mg/0.4ml) 1 carton (4x17.5mg/0.4ml) 1 carton (4x20mg/0.4ml) 1 carton (4x22.5mg/0.4ml) 1 carton (4x25mg/0.4ml)	Inject _____mg SQ every week	

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.