

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 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:								
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)	Take 1 tablet by mouth once daily Take 2 tablets by mouth once daily									
ORENCIA® <small>*Adults</small>	Clickject PFS 1 carton (4x125mg/ml)	Maintenance Dose: Inject 125 mg SQ once every week									
ORENCIA® <small>*Pediatrics</small>	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® <small>*Adults</small>	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									
OTEZLA® <small>*Pediatrics</small>	Weight 20-49kg: Pediatric Starter Pack (55 tabs for 28 day starter pack) Weight 50kg or more: Adult Starter Pack (55 tabs for 28 day starter pack)	Starter Dose: Take as directed per package instructions	No Refills								
	Weight 20-49kg: 20mg tablet (60 tablets) Weight 50kg or more: 30mg 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.											
Prescriber Signature			Date		Prescriber Signature			Date			

Substitution Permitted

Dispense as Written

If brand is required, please write "DAW" in the box to the right.