meijer specialty pharmacy

P: 1-855-263-4537 • F: 734-391-2365
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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®** ◯ PFS ◯ Pen ***Adults**	◯ 1 carton (2x40mg/0.4ml) ◯ 2 cartons (4x40mg/0.4ml) ◯ 1 carton (2x80mg/0.8ml) – PEN ONLY	◯ Inject 40mg SQ every other week ◯ Inject 40mg SQ every week ◯ Inject 80mg SQ every other week	
◯ **HUMIRA®** ◯ PFS ◯ Pen ***Pediatrics age 2+**	◯ 1 carton (2x10mg/0.1ml) – PFS ONLY ◯ 1 carton (2x20mg/0.2ml) – PFS ONLY ◯ 1 carton (2x40mg/0.4ml)	◯ **Weight 10kg (22lbs) to < 15kg (33lbs):** Inject 10mg SQ every other week ◯ **Weight 15kg (33lbs) to < 30kg (66lbs):** Inject 20mg SQ every other week ◯ **Weight ≥ 30kg (66lbs):** Inject 40mg SQ every other week	
	To prescribe a biosimilar, 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®** ◯ 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®**	◯ **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 (4x20mg/0.4ml) ◯ 1 carton (4x12.5mg/0.4ml) ◯ 1 carton (4x22.5mg/0.4ml) ◯ 1 carton (4x15mg/0.4ml) ◯ 1 carton (4x25mg/0.4ml) ◯ 1 carton (4x17.5mg/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.