meijer specialty pharmacy

P: 1-855-263-4537 • F: 734-391-2365
www.meijerspecialtypharmacy.com

◯ New/Changed Dose

Dermatology (T-Z)

Taltz®, Tremfya®, Xolair®, Ycanth™

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: ◯ 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.____)	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	BSA Affected (%):	Affected Areas: ◯ Palms ◯ Soles ◯ Head ◯ Neck ◯ Genitalia ◯ Other:		

Notes to Pharmacy

Prescription Information

Medication	Quantity/Dose	Sig	Refills
◯ **TALTZ®** (Plaque Psoriasis) ◯ Autoinjector ◯ PFS	◯ 3x80mg/ml	◯ **Starter Dose:** Inject 160mg SQ on Day 0 and 80mg SQ at week 2	**No Refills**
	◯ 2x80mg/ml	◯ **Titration Dose:** Inject 80mg SQ at weeks 4, 6, 8, 10	**1 Refill**
	◯ 1x80mg/ml	◯ **Maintenance Dose:** Inject 80mg SQ every 4 weeks starting at week 12	
◯ **TALTZ®** (Pediatric Plaque Psoriasis) ◯ PFS	◯ 2x80mg/ml ◯ 1x80mg/ml	**Starter Dose:** ◯ Patients >50kg: Inject 160mg at week 0. Begin maintenance dosing at week 4 ◯ Patients 25-50kg: Inject 80mg at week 0. Begin maintenance dosing at week 4. ◯ Patients <25kg: Inject 40mg at week 0. Begin maintenance dosing at week 4.	
	◯ 1x80mg/ml	**Maintenance Dose:** ◯ Patients >50kg: Inject 80mg every 4 weeks ◯ Patients 25-50kg: Inject 40mg every 4 weeks ◯ Patients <25kg: Inject 20mg every 4 weeks.	
◯ **TALTZ®** (Psoriatic Arthritis) ◯ Autoinjector ◯ PFS	◯ 2x80mg/ml	◯ **Starter Dose:** Inject 160mg SQ on Day 0	**No Refills**
	◯ 1x80mg/ml	◯ **Maintenance Dose:** Inject 80mg SQ every 4 weeks starting at week 4	
◯ **TREMFYA®** ◯ PFS ◯ OnePress	◯ 2 cartons (2x100mg/mL)	◯ **Starter Dose:** Inject 100 mg SQ at weeks 0 and 4	**No Refills**
	◯ 1 carton (1x100mg/mL)	◯ **Maintenance Dose:** Inject 100 mg SQ every 8 weeks	
◯ **XOLAIR®** ◯ PFS ◯ Vial ◯ Pen ◯ Sterile water for injection (to be used with Xolair vials) **Number of vials:** _____ **Refills:** _____	◯ Number of 75mg/0.5ml **pens/syringes:** _____ ◯ Number of 150mg/ml **pens/syringes:** _____ ◯ Number of 300mg/2ml **pens/syringes:** _____ ◯ Number of 150mg **vials:** _____	◯ Inject 150mg SQ every 4 weeks ◯ Inject 300mg SQ every 4 weeks	
◯ **YCANTH™**	◯ Number of 0.7% ampules: _____	◯ Apply topically to each lesion one time as a single application	

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.