

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 Juvenile Arthritis					
M06.9 Rheumatoid Arthritis M45.A ____ Non-Radiographic Axial Spondyloarthritis M31. ____ Giant Cell Arteritis 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
TALTZ® Pen PFS	1 carton (2x80mg/ml)	Starter Dose: Inject 160mg SQ at week 0	No Refills
	1 carton (1x80mg/ml)	Maintenance Dose: Inject 80mg SQ every 4 weeks	
TREMFYA® Pen PFS	1 carton (1x100mg/ml)	Starter Dose: Inject 100 mg SQ at weeks 0 and 4	1 Refill
	1 carton (1x100mg/ml)	Maintenance Dose: Inject 100 mg SQ every 8 weeks	
TYENNE® (tocilizumab-aazg) <i>*Pediatrics (age 2 & up)</i> Pen PFS	1 carton (1x162mg/0.9ml)	Weight < 30kg: Inject 162mg SQ once every 3 weeks	
	2 cartons (2x162mg/0.9ml)	Inject 162mg SQ once every 2 weeks	
	4 cartons (4x162mg/0.9ml)	Weight ≥ 30kg: Inject 162mg SQ once every 2 weeks Inject 162mg SQ once every week	
TYENNE® (tocilizumab-aazg) <i>*Adults</i> Pen PFS	2 cartons (2x162mg/0.9ml)	Starter Dose (RA patients < 100kg only): Inject 162mg SQ every other week	
	4 cartons (4x162mg/0.9ml)	Maintenance Dose: Inject 162mg SQ once every week	
XELJANZ® <i>*Pediatrics (age 2 & up)</i>	5mg tablets (60 tablets)	Weight 10-19kg: Take 3.2mg (3.2ml oral solution) by mouth two times daily	
	1mg/ml oral solution (quantity QS for 30 day supply in multiples of 240ml)	Weight 20-39kg: Take 4mg (4ml oral solution) by mouth two times daily Weight ≥ 40kg: Take 5mg by mouth two times daily	
XELJANZ®	5 mg tablets (60 tablets)	Take 1 tablet (5 mg) by mouth twice a day	
XELJANZ® XR	11 mg tablets (30 tablets)	Take 1 tablet (11mg) by mouth every day	

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.