meijer specialty pharmacy

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Rheumatology (O-Z)

Olumiant®, Orencia®, Otezla®, Otrexup®, Rasuvo®, Simponi®, Stelara®, Taltz®, Xeljanz®, Xeljanz XR®

Physician Information

Send updates to: ◯ Fax: _____ ◯ Email: _____

Prescriber Name:		◯MD ◯DO ◯NP ◯PA	NPI:
Office Contact:		Practice name/Supervising MD:	
Address:		City:	
State:	Zip:	Phone:	Fax:

Patient Information | PLEASE SEND COPY OF INSURANCE CARD

Patient's Name:	Last 4 Digits of SS#:	DOB: / /	Sex: ◯ M ◯ F	Weight:	Height:	Diabetic: ◯ Y ◯ N
Address:	City:	State:	Zip:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? ◯ Y ◯ N		

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 ◯ H20 Iridocyclitis (Uveitis) ◯ Other:

Date of Diagnosis: / / | Date of Negative TB Test: / / | Any prior treatment? ◯ Yes ◯ No (provide information below)

Prior Therapy	Reason for Discontinuation of Therapy	Approximate Start Date	Approximate End Date

Comorbidities:	Concomitant Medications:
Allergies: ◯ NKDA ◯ Other:	

TREATMENT ARRANGEMENTS: Ship Meds: ◯ Home ◯ Doctor's Office | Start Date: / /

Prescription Information

Medication	Quantity/Dose	Sig	Refills
◯ **OLUMIANT®**	◯ 2mg tablet (30 day supply)	◯ Take 1 tablet by mouth once daily	
◯ **ORENCIA®** ◯ Clickject® ◯ PFS	◯ 1 carton (4x125mg/ml)	◯ **Maintenance Dose**: Inject 125 mg SQ once every week	
◯ **OTEZLA®** ◯ Tablet	◯ 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™** ◯ Auto-injector	◯ 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	
◯ **RASUVO®** ◯ Auto-injector	◯ 4x7.5mg/0.15ml ◯ 4x10mg/0.20ml ◯ 4x12.5mg/0.25ml ◯ 4x15mg/0.30ml ◯ 4x17.5mg/0.35ml ◯ 4x20mg/0.4ml ◯ 4x22.5mg/0.45ml ◯ 4x25mg/0.50ml ◯ 4x30mg/0.60ml	◯ Inject _____mg SQ every week	
◯ **SIMPONI®** ◯ SmartJect® ◯ PFS	◯ 1 carton (1x50mg/0.5ml)	◯ Inject 50 mg SQ once every month	
◯ **STELARA®** ◯ PFS Patient eligible for self-injection? ◯ Yes ◯ No	◯ 1 carton (1x45mg/0.5ml) ◯ 1 carton (1x90mg/ml)	◯ **Starter Dose:** Inject 45 mg SQ on day 1 (<100kg) ◯ **Starter Dose:** Inject 90 mg SQ on day 1 (>100kg)	No Refills
		◯ **Maintenance Dose:** Inject 45 mg SQ on day 29 and every 12 weeks thereafter (<100kg) ◯ **Maintenance Dose:** Inject 90 mg SQ on day 29 and every 12 weeks thereafter (>100kg)	
◯ **TALTZ®** ◯ Autoinjector ◯ PFS	**Starter Dose:** ◯ 2x80mg/ml **Maintenance Dose:** ◯ 1x80mg/ml ◯ 3x80mg/ml	◯ **Starter Dose:** Inject 160mg SQ at week 0	No Refills
		◯ **Maintenance Dose:** Inject 80mg SQ every 4 weeks	
◯ **XELJANZ®** ◯ Tablet	◯ 5 mg tablets (60 tablets)	◯ Take 1 tablet (5 mg) by mouth twice a day	
◯ **XELJANZ® XR** ◯ Tablet	◯ 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

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.

Physician Signature:	Date	Physician Signature:	Date

Substitution Permitted | Dispense as Written