meijer specialty pharmacy

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

Rheumatology (T-Z)

Taltz®, Tremfya®, Xeljanz®, Xeljanz XR®

Prescriber Information

Ship Meds to: ◯ Patient's Home ◯ Prescriber's Office

Prescriber Name:		◯MD ◯DO ◯NP ◯PA	NPI:
Office Contact:		Practice name/Collaborating Physician:	
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 Juvenille Arthritis ◯ M06.9 Rheumatoid Arthritis ◯ M46.8 Non-Radiographic Axial Spondyloarthritis ◯ 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 ◯ Prescriber's Office	Start Date: / /	

Prescription Information

Medication	Quantity/Dose	Sig	Refills
◯ **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	
◯ **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	
◯ **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

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

Substitution Permitted

Prescriber Signature:	Date

Dispense as Written