


# PRESCRIPTION FORM

PATIENT INFORMATION			PRESCRIBER INFORMATION		
PATIENT NAME:			PRESCRIBER NAME:		
DATE OF BIRTH:		GENDER: M / F	SPECIALTY:		
SSN:			ADDRESS:		
ADDRESS:			PHONE:		
PHONE:			FAX:		
			DEA:                      NPI:		
INSURANCE INFORMATION					
INSURANCE PLAN NAME:			RX BIN:		RX GROUP:
MEDICARE <input type="checkbox"/>		MEDI-CAL <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>		
			ID:		
PRESCRIPTION INFORMATION					
<input type="checkbox"/> <b>Ozempic® 0.5mg (NDC 0169-4132-12) Qty: 1 Box (3mL)</b> <input type="checkbox"/> Directions: Start injecting 0.25mg subcutaneously for 4 weeks, May increase to 0.5 mg subcutaneously weekly. Max 1mg daily. Refills: 12 <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Directions: Inject ____ subcutaneously weekly Refills: 12  <input type="checkbox"/> <b>Ozempic® 1mg (NDC 0169-4136-02) Qty: 1 Box (1.5mL)</b> <input type="checkbox"/> Directions: Inject 1 mg subcutaneously weekly Refills: 12			<input type="checkbox"/> <b>Xultophy® 100 U/3.6mL (NDC 0169-2911-15) Qty: 1 Box (15mL)</b>  <input type="checkbox"/> Directions: Inject ____ subcutaneously daily. Refills: 12 <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Directions: Start injecting 16 Units subcutaneously daily, May adjust dose by 2 units per day no more frequently than 3 to 4 days, Max 50 Units per day. Refills: 12		
<input type="checkbox"/> <b>Victoza® 1.2mg (NDC 0169-4060-12) Qty: 1 Box (6mL)</b> Directions: Inject ____ subcutaneously daily Refills: 12  <input type="checkbox"/> <b>Victoza® 1.8mg (NDC 0169-4060-13) Qty: 1 Box (9 mL)</b> Directions: Inject ____ subcutaneously daily Refills: 12			<input type="checkbox"/> <b>Tresiba® 100 U/mL (NDC 0169-2660-15) Qty: 1 Box (15mL)</b> Directions: Inject ____ daily Refills: 12  <input type="checkbox"/> <b>Tresiba® 200 U/mL (NDC 0169-2550-13) Qty: 1 Box (9mL)</b> Directions: Inject ____ daily Refills: 12		
CLINICAL INFORMATION					
DIAGNOSIS: <input type="checkbox"/> Type 2 diabetes mellitus without complications (E11.9)					
OTHER DIAGNOSIS _____		A1C Level _____		Date A1C measured _____	
<b>PLEASE SELECT ALL THE MEDICATIONS THE PATIENT HAS A FAILURE, INTOLERANCE, CONTRAINDICATION TO:</b>					
<input type="checkbox"/> Adlyxin®	<input type="checkbox"/> Lantus®	<input type="checkbox"/> Tanzeum®	<input type="checkbox"/> Januvia®		
<input type="checkbox"/> Adlyxin Pack®	<input type="checkbox"/> Levemir Flextouch®	<input type="checkbox"/> Novolog Vial®	<input type="checkbox"/> Onlyza®		
<input type="checkbox"/> Balsagar Kwikpen®	<input type="checkbox"/> Soliqua 10/33®	<input type="checkbox"/> Novolog®	<input type="checkbox"/> Tradjenta®		
<input type="checkbox"/> Bydureon Pen®	<input type="checkbox"/> Toujeo Max Solostar®	<input type="checkbox"/> Humalog®	<input type="checkbox"/> Invokana®		
<input type="checkbox"/> Bydureon Vial®	<input type="checkbox"/> Toujeo Solostar®	<input type="checkbox"/> Victoza®	<input type="checkbox"/> Farxiga®		
<input type="checkbox"/> Bydureon BCise®	<input type="checkbox"/> Tresiba Flextouch®	<input type="checkbox"/> Metformin®	<input type="checkbox"/> Glimepiride®		
<input type="checkbox"/> Byetta®	<input type="checkbox"/> Trulicity®	<input type="checkbox"/> Glipizide®	<input type="checkbox"/> Glyburide®		
<b>**PLEASE FAX A COPY OF PRESCRIPTION, LABS, PROGRESS NOTES**</b>					
SUPPORTING STATEMENT (COMMENTS, SYMPTOMS, AND WHY OTHER MEDICATIONS WOULD NOT BE APPROPRIATE)  _____  _____					
By signing below, the prescriber gives consent to <b>Orange Plaza Pharmacy to act as the prescriber's agent</b> to begin and execute the prior authorization process, as well as to help the patient apply to co-pay assistant programs (including coupons, foundations and manufacturer assistance programs if necessary). The prescriber certifies that the information is true, accurate and the requested services are medically necessary to the health of the patient.					
PRESCRIBER SIGNATURE: _____			DATE: _____ <input type="checkbox"/> DO NOT SUBSTITUTE		
			<b>Orange Plaza Pharmacy</b> Phone: 714-550-9798 1010 W. La Veta Ave. Suite 130 Orange, CA 92868    Fax: 714-550-9336		