

Patient Information				PLEASE FAX INSURANCE CARD (FRONT AND BACK)				Prescriber Information			
Last Name		First Name		DOB		Practice/Facility Name					
Address						Address					
City		State		ZIP		City		State		ZIP	
Phone			SSN			Prescriber Name					
Allergies Latex Allergy Yes No						Prescriber NPI					
Sex Male Female		Weight (kg)		Height (ft,in)		Nurse/Key Contact			Phone/Pager		
Insurance Plan				Plan ID #		Fax			Email		

Diagnosis/Clinical Information				PLEASE FAX CLINICAL AND LAB INFORMATION			
Diagnosis: L20.____ Atopic Dermatitis		L40.0 Psoriasis vulgaris/Plaque psoriasis/Nummular psoriasis		L40.8 Other psoriasis			
L40.9 Psoriasis, unspecified		L40.5____ Psoriatic arthritis		L73.2 Hidradenitis Suppurativa		Other: _____	
Date of diagnosis or years with the disease: _____							
Active TB is ruled out: Yes No Date of negative TB test: ____/____/____							
Concomitant medications: _____							
Previous treatment regimens with dates and reason for discontinuation: _____							

Prescription Information				
MEDICATION		DOSE/STRENGTH/DIRECTIONS FOR USE	QTY	REFILLS
Cimzia®	PFS Vials	Starter dose: Inject 400mg SC at weeks 0, 2 and 4	6 x 200mg/ml	0
		Maintenance dose: Inject 200mg SC every 2 weeks Maintenance dose: Inject 400mg SC every 4 weeks	2 x 200mg/ml	_____
Cosentyx®	Sensoready Pen PFS	Starter dose: Inject 150mg SC once weekly at weeks 0, 1, 2 and 3 Starter dose: Inject 300mg SC once weekly at weeks 0, 1, 2 and 3	4 x 150mg/ml 8 x 150mg/ml	0
		Maintenance dose: Inject 150mg SC on week 4 and every 4 weeks thereafter Maintenance dose: Inject 300mg SC on week 4 and every 4 weeks thereafter	1 x 150mg/ml 2 x 150mg/ml	_____
Dupixent®	PFS	Starter dose: Inject 600mg SC on day 1, followed by 300mg SC at day 15 and every 2 weeks thereafter	4 x 300mg/2ml	0
		Maintenance dose: Inject 300mg SC every 2 weeks	2 x 300mg/2ml	_____
Enbrel® Adult	SureClick Autoinjector PFS Enbrel® Mini	Starter dose: Inject 50mg SC twice a week (72-96 hours apart) for 3 months	8 x 50mg/ml	2
		Maintenance dose: Inject 50mg SC every week	4 x 50mg/ml	_____
Enbrel® Pediatric ≥4yo	Vials PFS	Inject _____ mg (0.8mg/kg) SC every week (<63 kg)	_____ x 25mg	_____
	SureClick Autoinjector PFS Enbrel® Mini	Inject 50mg SC every week (≥63kg)	4 x 50mg	_____
Humira®	Pens PFS	Plaque psoriasis (starter dose): Inject 80mg SC day 1, then 40mg on day 8, then 40mg every 2 weeks Hidradenitis Suppurativa (starter dose): Inject 160mg SC on day 1, then 80mg on day 15	4 x 40mg/0.8ml 6 x 40mg/0.8ml	0
		Plaque psoriasis (maintenance dose): Inject 40mg SC every 2 weeks Hidradenitis Suppurativa (maintenance dose): Inject 40mg SC on day 29 and every week thereafter	2 x 40mg/0.8ml 4 x 40mg/0.8ml	_____
Otezla®	28-day starter pack	Titration dose: Take as directed per package instructions	55 tablets	0
	Tablets	Bridge dose: Take 30mg by mouth once daily Bridge dose: Take 30mg by mouth twice daily	28	_____
		Maintenance dose: Take 30mg by mouth once daily Maintenance dose: Take 30mg by mouth twice daily	30-day supply	_____

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution:

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (date)

DISPENSE AS WRITTEN/Do Not Substitute (date)