

DATE: \_\_\_\_\_ SHIP TO:  
DATE NEEDED: \_\_\_\_\_  PATIENT  OFFICE

PATIENT INFO

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_ DOB \_\_\_\_\_  MALE  FEMALE  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_ SS# \_\_\_\_\_

PLEASE FAX COPY OF INSURANCE CARD (FRONT & BACK)

PRESCRIPTION INFORMATION

DIAGNOSIS CODE

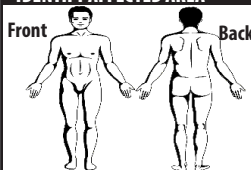
- L40.9 Psoriasis
- L40.52 Psoriatic Arthritis
- L73.2 Hidradenitis Suppurativa
- L20.9 Atopic Dermatitis
- Other \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_  
Or: Years With Disease \_\_\_\_\_

PRIOR (FAILED) TREATMENTS

Biologics:	Medication	Reason for D/C
<input type="checkbox"/> Methotrexate	_____	_____
<input type="checkbox"/> Oral Meds	_____	_____
<input type="checkbox"/> UVB	_____	_____
<input type="checkbox"/> PUVA	_____	_____
<input type="checkbox"/> Topicals	_____	_____
<input type="checkbox"/> Other	_____	_____

IDENTIFY AFFECTED AREA



PATIENT EVALUATION

%BSA affected: \_\_\_\_\_  
Weight: \_\_\_\_\_ kg/lbs  
TB ruled out?  Yes  No  N/A  
Hep B ruled out or being treated?  Yes  No  N/A  
Active infection?  Yes  No  
Allergies:  NKDA  Latex

BIMZELX®

160mg/mL Pen  160mg/mL PFS

PSORIASIS LOADING DOSE:

Inject 320mg (2 Pens/PFS) SC at weeks 0, 4, 8, 12, and 16.

QTY:  1 pack (2 Pens/PFS)

Refills: 4

PSORIASIS MAINTENANCE DOSE:

Inject 320mg (2 Pens/PFS) SC every 8 weeks.  
 Inject 320mg (2 Pens/PFS) SC every 4 weeks. (May consider if  $\geq 120$  kg (264lbs)).

QTY:  1 pack (2 Pens/PFS)

Refills: \_\_\_\_\_

SOTYKTU™

6mg Tablet  
Take 1 tablet po daily.

QTY:  \_\_\_\_\_ tabs | Refills: \_\_\_\_\_

Olumiant®

2mg Tablet  4mg Tablet

Take 1 tablet po daily.

QTY:  \_\_\_\_\_ tabs | Refills: \_\_\_\_\_

SIMPONI®

50mg/0.5ml SmartJect® (Pen)

50mg/0.5ml Pre-filled Syringe

PSORIASIS ARTHRITIS DOSE:

50mg/0.5ml Pre-filled Syringe

Other: \_\_\_\_\_

QTY:  8 PFS/Pen  4 PFS/Pen  \_\_\_\_\_

Refills: \_\_\_\_\_

CIMZIA® STARTER KIT

200mg/mL PFS

PSORIASIS LOADING DOSE:

Inject 400mg (2 PFS/vials) SC every other week.

$\leq 90$  kg: Inject 400mg (2 PFS/vials) at week 0, 2, and 4.

QTY:  1 Starter Kit | Refills: 0

PSORIATIC ARTHRITIS LOADING DOSE:

Inject 400mg (2 PFS/vials) SC at week 0, 2, and 4.

QTY:  1 Starter Kit | Refills: 0

2 boxes (4 PFS/vials)

CIMZIA®

200mg/mL PFS  200mg/mL vial

PSORIASIS MAINTENANCE DOSE:

Inject 400mg (2 PFS/vials) SC every other week.

Inject 200mg (1 PFS/vial) SC every other week.

PSORIATIC ARTHRITIS MAINTENANCE DOSE:

Inject 200mg (1 PFS/vial) SC every other week.

Inject 400mg (2 PFS/vials) SC every 4 weeks.

QTY:  1 box (2 PFS/vials)

2 boxes (4 PFS/vials)

Refills: \_\_\_\_\_

COSENTYX®

300mg/2mL Pen  150mg/mL Pen

150mg/mL PFS  75mg/0.5mL PFS

LOADING DOSE:

Inject 75mg SC on weeks 0, 1, 2, 3, and 4.

Inject 150mg SC on weeks 0, 1, 2, 3, and 4.

Inject 300mg SC on weeks 0, 1, 2, 3, and 4.

QTY:  5 Pen/PFS  10 Pen/PFS

Refills: 0

MAINTENANCE DOSE:

Inject 75mg SC every 4 weeks.

Inject 150mg SC every 4 weeks.

Inject 300mg SC every 4 weeks.

Inject 300mg SC every 2 weeks.

QTY:  28 days supply

Refills: \_\_\_\_\_

DUPIXENT®

300mg/2mL PFS  300mg/2mL Pen

200mg/1.14mL PFS  200mg/1.14mL Pen

ATOPIC DERMATITIS OR PRURIGO NODULARIS INITIAL DOSE:

Inject 600mg (2PFS/Pens) SC on day 1, then 300mg (1PFS/Pen) SC every other week starting on day 15.

Inject 400mg (2PFS/Pens) SC on day 1, then 200mg (1PFS/Pen) SC every other week starting on day 15.

QTY:  1 box (2 PFS/Pens)

Refills: 0

ATOPIC DERMATITIS OR PRURIGO NODULARIS MAINTENANCE DOSE:

Inject 300mg SC every other week.

Inject 200mg SC every other week.

QTY:  1 box (2PFS/Pens) Refills: \_\_\_\_\_

AVSOLA®

100mg vial

INDUCTION DOSE:

Infuse 5mg/kg (Dose: \_\_\_\_\_ mg) IV at week 0, 2, 6 and every 8 weeks thereafter.

QTY:  \_\_\_\_\_ vials | Refills: 0

MAINTENANCE DOSE:

Infuse 5mg/kg (Dose: \_\_\_\_\_ mg) IV every 8 weeks.

QTY:  \_\_\_\_\_ vials | Refills: \_\_\_\_\_

ILUMYIA™

100mg/mL PFS

PSORIASIS INDUCTION DOSE:

Inject 100mg SC at weeks 0 and 4, then maintenance dosing.

QTY:  2 PFS | Refills: 0

PSORIASIS MAINTENANCE DOSE:

Inject 100mg SC every 12 weeks.

QTY:  1PFS | Refills: \_\_\_\_\_

OTEZLA®

28-day Starter Pack (Take as directed on Starter Pack.)

QTY:  55 tablets (1 pack) | Refills: 0

MAINTENANCE DOSE (30mg)

Take 1 tablet by mouth once daily

Take 1 Tablet by mouth twice a daily

QTY:  30  60  \_\_\_\_\_ | REFILLS \_\_\_\_\_

ADBRY™

150mg/mL PFS

INDUCTION DOSE:

Inject SC four-150 mg injections on Day 1, followed by two-150 mg injections every other week.

QTY:  6 packs | Refills: 0

MAINTENANCE DOSE:

$\geq 100$  kg: Inject SC two-150 mg injections every other week.

$<100$  kg: Inject SC two-150 mg injections every four weeks.

QTY:  2 pack  4 pack Refills: \_\_\_\_\_

Simponi®

50mg/0.5ml SmartJect® (Pen)

50mg/0.5ml Pre-filled Syringe

PSORIASIS ARTHRITIS DOSE:

Inject 50mg (0.5ml) SC once a month

QTY:  1 Pen/PFS

Refills: \_\_\_\_\_

Simponi Aria®

50mg/4mL in a single-dose vial

PSORIASIS ARTHRITIS INDUCTION DOSING:

Infuse 2 mg/kg (Dose: \_\_\_\_\_ mg) IV over 30 minutes at weeks 0 and 4, then every 8 weeks thereafter.

PSORIATIC ARTHRITIS MAINTENANCE DOSING:

Infuse 2 mg/kg (Dose: \_\_\_\_\_ mg) IV over 30 minutes every 8 weeks.

QTY:  \_\_\_\_\_ vials | Refills: \_\_\_\_\_

INFLIXIMAB

100mg vial

INDUCTION DOSE:

Infuse 5mg/kg (Dose: \_\_\_\_\_ mg) IV at week 0, 2, 6 and every 8 weeks thereafter.

QTY:  \_\_\_\_\_ vials | Refills: 0

MAINTENANCE DOSE:

Infuse 5mg/kg (Dose: \_\_\_\_\_ mg) IV every 8 weeks.

QTY:  \_\_\_\_\_ vials | Refills: \_\_\_\_\_

TALTZ®

80mg PFS  80mg Pen

PLAQUE PSORIASIS STARTER DOSE

Inject 160mg (2 pens/PFS) SC at week 0, followed by 80mg (1 pen/PFS) SC at weeks 2, 4, 6, 8, 10, and 12.

PSORIATIC ARTHRITIS STARTER DOSE

Inject 160mg (2 pens/PFS) SC at week 0, followed by 80mg (1 pen/PFS) SC every 4 weeks.

PLAQUE PSORIASIS/PSORIATIC ARTHRITIS MAINTENANCE DOSE

Inject 80mg SC every 4 weeks

Other: \_\_\_\_\_

QTY:  1-Month  3-Month Refills: \_\_\_\_\_

HUMIRA®

BIOSIMILAR:

PSORIASIS INDUCTION DOSE

Psoriasis 80 mg/0.8 mL (1) and 40 mg/0.4 mL (2) Starter Package - Citrate Free

Inject 80mg SC on Day 1, then 40mg SC on Day 8, then 40mg every other week.

QTY:  1 Starter Pack | Refills: 0

PSORIASIS/PSORIATIC ARTHRITIS MAINTENANCE DOSE

Inject one 40mg dose SC every other week.

QTY:  \_\_\_\_\_ | Refills: \_\_\_\_\_

HIDRADENITIS SUPPURATIVA INDUCTION DOSE

Hidradenitis Suppurativa 80 mg/0.8 mL Starter Package Citrate Free

Inject 160mg SC on Day 1, followed by 80mg two weeks later (Day 15), then 40mg every week starting on Day 29.

Inject 160mg SC on Day 1, followed by 80mg two weeks later (Day 15), then 80mg every other week starting on Day 29.

QTY:  1 Starter Pack | Refills: 0

HIDRADENITIS SUPPURATIVA MAINTENANCE DOSE

40mg/0.4mL pen  40mg/0.8mL pen

40mg/0.4mL PFS  40mg/0.8mL PFS

80mg/0.8mL Pen

Inject 40mg SC every week.

Inject 80mg SC every other week

QTY:  \_\_\_\_\_ | Refills: \_\_\_\_\_

XELJANZ®

5mg Tablet

Take 5mg PO twice daily.  Other \_\_\_\_\_

QTY:  \_\_\_\_\_ | Refills \_\_\_\_\_

XELJANZ XR®

11mg Tablet

Take 1 tablet PO twice daily.  Other \_\_\_\_\_

QTY:  \_\_\_\_\_ | Refills \_\_\_\_\_

Is patient enrolled in product manufacturer-sponsored support program? (ex. myHUMIRA, Enbrel support™)

Yes  No

STELARA®

45mg/0.5ml Pre-filled Syringe

90mg/1ml Pre-filled Syringe

STARTER DOSE

Inject 1 PFS SC at Week 0 and 4, then every 12 weeks thereafter.

QTY:  1 Pre-filled syringe | Refills: 0

MAINTENANCE DOSE

Inject 1PFS SC every 12 weeks

QTY:  1 PFS  2 PFS

Refills: \_\_\_\_\_

SKYRIZI™

150mg/mL Pen  150mg/mL PFS

PSORIASIS/PSORIATIC ARTHRITIS STARTER DOSE

Inject 150mg SC at Week 0, 4, then every 12 weeks thereafter.

QTY:  1 Pack | Refills: 1

PSORIASIS/PSORIATIC ARTHRITIS MAINTENANCE DOSE

Inject 150mg SC every 12 weeks

QTY:  1 Pack | Refills: \_\_\_\_\_

ENBREL®

SureClick Pen® (50mg/ml)  25mg/0.5ml Pre-filled Syringe

50mg/ml Pre-filled Syringe  Vial (25mg/0.5ml)

50mg/ml Mini cartridge

PSORIASIS STARTER DOSE

Inject 50mg SC TWICE a week (3-4 days apart) for 3 months, then maintenance dosing

QTY:  3 months supply | Refills: 0

PSORIASIS/PSORIATIC ARTHRITIS MAINTENANCE DOSE

Inject 50mg SC ONCE a week

Other: \_\_\_\_\_

QTY:  8 PFS/Pen  4 PFS/Pen

Refills: \_\_\_\_\_

TREMFYA™

100mg/mL PFS  100mg/mL Autoinjector Pen