# DERMATOLOGY ENROLLMENT FORM

## PATIENT INFORMATION

Last Name _____ First Name _____

Social Security # _____ Date of Birth _____

Address _____ Phone _____

## TREATMENT ARRANGEMENTS

Start Date: _____

Ship Meds: □ Home □ Doctor's Office

Teaching by: □ Doctor's Office

□ Other: _____

### STATEMENT OF MEDICAL NECESSITY

□ L40.0 Psoriasis □ L40.52 Psoriatic Arthritis □ L41.4 Plaque Psoriasis □ L73.2 Hidradenitis Suppurative □ L20.9 Atopic dermatitis □ L40.8 Moderate to Severe Plaque Psoriasis

□ Other:_____ □ Date of Diagnosis: _____ OR Years With Disease _____

**Medication assessment (Within Last 12 Months)**

□ Atopic dermatitis □ Moderate □ Moderate to Severe □ Severe
□ Psoriasis Severity: □ Moderate □ Moderate to Severe □ Severe
□ Psoriasis Type: □ Plaque □ Other: _____

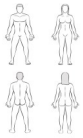
**Patient Evaluation:**

- Has Patient been diagnosed with Heart Failure? □ Yes □ No
- Has Patient been diagnosed with Lymphoma? □ Yes □ No
- Does Patient have serious/active infection? □ Yes □ No
- Has TB test been performed?
  If yes, results: _____ Comments: _____
- Has Hepatitis B been ruled out or treatment been initiated? □ Yes □ No
- Does Patient have latex allergy? □ Yes □ No
- Is Patient's platelet count >52,000 cells/uL? □ Yes □ No
- Patient Weight: _____kg/lb
- Allergies: _____ □ NKDA

**Prior (FAILED) Medications:**

| Medication | Reason for Discontinuation |
|---|---|
| Biologics: □ Humira □ Enbrel □ Stelara | _____ |
| □ Others: _____ | |
| □ Methotrexate □ NA | _____ |
| □ Topicals: _____ | _____ |

**Patient Evaluation Cont.**



**NOTES:**_____

_____

## PRESCRIPTION INFORMATION

| MEDICATION | STRENGTH | DIRECTIONS | QUANTITY | REFILL |
|---|---|---|---|---|
| □ **SKYRIZI**® | □ 75mg/0.83ml Prefilled Syringe | □ Inject 150mg (two 75mg injections) administered by Subcutaneously at week 0, weeks 4, and every 12 weeks thereafter. | | |
| □ **ILUMYA**® | □ 100mg/ml Prefilled Syringe | □ Inject 100mg Subcutaneously at week 0, week 4 and every 12 weeks thereafter. | | |
| □ **TALTZ**® | □ 80mg/ml Autoinjector<br>□ 80mg/ml Prefilled Syringe | □ Inject 160mg (two 80mg injections) Subcutaneously at week 0, followed by 80mg at Weeks 2, 4, 6, 8, 10, and 12, then 80mg every 4 Weeks. | | |
| □ **SILIQ**® | □ 210mg/1.5ml Prefilled Syringe | □ Inject 210mg Subcutaneously at week 0, 1 and 2 followed by 210mg every 2 weeks thereafter. | | |
| □ **TREMFYA**® | □ 100mg/ml Prefilled Syringe | □ Inject 100mg Subcutaneously at week 0, Week 4 and every 8 weeks thereafter. | | |
| □ **DUPIXENT**® | □ 300mg/2ml Prefilled Syringe | □ Inject 600mg (2 Prefilled Syringes) Subcutaneously in different sites on day 1.<br>□ Inject 300mg (1 Prefilled Syringe) Subcutaneously every other week starting day 15 after initial dose. | | |
| □ **ENBREL**® | □ SureClick®Pen<br>□ Mini™with Auto Touch<br>□ Prefilled Syringe □ 25mg □ 50mg<br>□ Vials 25mg | □ Initial: Inject 50mg SQ twice weekly (72-96 hours apart) for 3 months.<br>□ Maintenance: Inject 50mg SQ weekly.<br>□ Others: | | |
| □ **HUMIRA**®<br><br>□ **HUMIRA CF**® *(Citrate-free)* | □ Psoriasis STARTER Pack<br>□ 40mg Pen<br>□ 40mg Prefilled Syringe<br>.....<br>□ Hidradenitis Suppurativa (HS) STARTER Pack<br>□ 40mg Pen<br>□ 40mg Prefilled Syringe | □ Psoriasis STARTER Dose: Inject 80mg Subq on day 1, 40mg on day 8 and 40mg day 22 then maintenance.<br>□ Psoriasis Maintenance Dose: Inject 40mg Subq every other week.<br>.....<br>□ HS Initial dose: Inject 160mg Subq on day 1, then 80mg on day 15 and then maintenance.<br>□ HS Maint dose: Inject 40mg Subq every week. | | |
| □ **SIMPONI**® | □ 50mg/05ml SmartJect Autoinjector<br>□ 50mg Prefilled Syringe | □ Psoriatic Arthritis Dose: Inject 50mg (0.5ml) Subcutaneously Once a month. | | |
| □ **STELARA**® | □ 45mg/0.5ml Prefilled Syringe<br>□ 90mg/ml Prefilled Syringe | □ For patients weighing < 100kg (220lbs): Inject 45mg SC initially and 4 weeks later, followed by 45mg every 12 weeks.<br>□ For patients weighing > 100kg (220lbs): Inject 90mg SC initially and 4 weeks later, followed by 90mg every 12 weeks. | | |
| □ **CIMZIA**® | □ 200mg/ml Prefilled Syringe | □ Inject 400mg (given as 2 injections 200mg) Subq every other week.<br>□ Loading dose: Inject 400mg (given as 2 injections 200mg) Subq at week 0,2 and 4.<br>□ Maintenance dose: Inject 200mg Subq every other week. | | |
| □ **OTEZLA**® | □ 10mg □ 30mg<br>□ 28days starter pack | □ Take 10mg PO qd on day 1, and increasing by 10mg daily until taking 30mg BID thereafter.<br>□ Take as directed by the Md. | | |
| □ **COSENTYX**® | □ Sensoready Pen<br>□ Prefilled-Syringe | □ Psoriasis loading Dose: Inject 300mg (two injections) SC at weeks 0, 1, 2, 3 and 4.<br>□ Psoriasis Maintenance Dose: Inject 300mg (two injections) SC every 4 weeks. | | |

**Physician Signature: x**_____ □ **DAW (Dispense as Written) Date:**_____

**Physician Name:** _____ **Phone:** _____ **Fax:** _____ **Office Contact:** _____

**Physician Address:** _____ **NPI:** _____ **DEA:** _____



*By Signing this prescription and using Southside pharmacy's services you authorize Southside Pharmacy to contact Insurance companies for prior authorization purposes on your behalf.*

**FAX TO (855)-822-7838**

Specialty Pharmacy | IV Therapy | Home Health | Medical Equipment | Physician's Billing

7700 Main St., Houston, TX 77030 | **P: 855-822-7828** | www.ssrx.com

***"One SOURCE for ALL your Medical NEEDS"***